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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

10991 Ren Dist No

	170	29	CERT	IFIC	ATE OF I	DEATH	1		Reg.	Dist. No	£ 0 e	, 0 1
PLACE OF DEATH     O. COUNTY	Baltimore		MAR	YLAND	2. USUAL RES o. STATE	Maryl		d lived. If ins b. COU		idence befo	ore admis	sion)
RURAL ond give no	msville		c. LENGTH OF STAY 25yr6mt hl		11 ( .	town (If a	outside corpo	prote limits, wr	ite RURAL o	and give ne	arest tow	n)
d. NAME OF HOSPIT OR INSTITUTION SPRING GRO	AL (If not in hospital, over STATE	HOSP			d. STREET		River	side Av	renue		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	cathe	rine	Middl		Abey	st	4. DATE OF DEATH	10	Month /	21	ру	Yeor 19 5 9
female	6. COLOR OR RACE White	7. MARRIE			8. DATE OF BIRT	-01	9	9. AGE (In ye lost birthd	pars IF UN oy) Month	DER 1 YEAR	Hours	ER 24 HRS.
10a. USUAL OCCUPATION during most of work	ing lire, even it retired	done 10b. K	IND OF BUSINESS	OR INDU		ACE (Stole		ountry)		U. S		COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME			<u> </u>	0 42.0	
Gregory						izabe	th Sei	lbel				
	R IN U. S. ARMED FOR lif yes, give wor or dates of t	ervice)	OCIAL SECURITY NO		NFORMANT				Address			
no	TH [Enter only one co		Unknown		ecords:	SPR	NG G	ROV: S	TATE	HOSI	ITAL	
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	the <u>under-</u>	)	cular dis									
3	IER SIGNIFICANT CON									PART I(o)	PERFC	AUTOPSY ORMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY (	OCCURRE	D. (Enter noture o	of injury in f	Port I or Por	t II of item 1B.	)			
20c. TIME OF INJURY Hour o. m. p. m.	f Month, Day, Ye	While	Not while of work	20e. PL fo	ACE OF INJURY ( ctory, street, offic	Home, form e bldg., etc.	, 20f. (City	or town)		(County)		(Stole)
21. I certify the alive on Oct	at I attended the	deceased, 19 5			occurred at		P.M. fran	, 19 n the cause treet, city or to STATE	es and ar	l last son the do	ite state	deceased ed abave ATE SIGNED
PHYSICIAN'S NAME (Type)	BRUNO	RA.	DHUSA	KHJ	Cat	onsvi	lle 28	. Mary	land			
220 BURIAL, EREMATION REMOVAL (Specify)	10/241	59	22c. NAME OF CEN	NETERY O	RCREMATORY NOSCO		22d. LOCAT	TION (City Jon	vn, or count	Reals	(State	"he
23. FUMERAL DIRECTOR:	Fuck	5	30 V H	ar	ord.	240. REC'T	BY REGIST	9 24b. R	EGISTRAR'S		<i>y</i> = 2	

Land Committee and Delicate Land Appropriate 1

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

10992

	1029	CERTI	FICATE	OF DE	ATH			Reg. Dist		30%
1. PLACE OF DEATH o. COUNTY Baltime	ore	MARY		STATE Md	ICE (Where dece		If institution. COUNTY			nission)
b. CITY OR TOWN (If outside corpor RURAL and give nearest town) Catonsville	prote limits, write	c. LENGTH OF STAY	IN 1b c.		WN (If outside co		nits, write R	URAL ond gi	ve nearest t	own)
d. NAME OF HOSPITAL (If not in hi	aspital, give street	address)	/ d	STREET ADD	RESS					RESIDENCE
	Nunnery	Lane		22 N	lunnery	Lan	.e			A FARM?
3. NAME OF DECEASED (Type or print) Lens	First	Annetta	Airey	Lost	4. DA		Man	t. 26	Day	Yeor 19 <b>5</b> 9
5. SEX 6. COLOR O	R RACE 7. MARR	IED NEVER MARRIE	D B. DAT	E OF BIRTH		9. AG	E (In years birthdoy)			NDER 24 HRS.
F W	WIDOWI	-		ec. 24		1	9 yrs.	Months [	Doys Hou	rs Min.
100. USUAL OCCUPATION (Give kind during most of working life, even Housekeeper	of work done 10b. if retired)	KIND OF BUSINESS OF Home	R INDUSTRY 1	1. BIRTHPLACE	E (State or foreign Md.	n country)		12. CITIZ	ZEN OF WH	AT COUNTRY
13. FATHER'S NAME	. A		14,	MOTHER'S MA	AIDEN NAME					100
Charles 1					Carrie	Fe	rrer			
15. WAS DECEASED EVER IN U. S. ARA	MED FORCES? 16.	SOCIAL SECURITY NO.	. 17. INFORM	ANT			Adde	ess		The state of
			Hiran	1 Aire	y- 22	Nunn	ery	Lane		
18. CAUSE OF DEATH [Enter onl		ne for (o), (b), and (c).]								BETWEEN
PART I. DEATH WAS CAUS	SED BY: Art	eriosclero	tic car	dio va	scular	disea	se		ONSET A	ND DEATH
350X	DUE TO									
Conditions, if ony, which )	(b) Par	kinsons Sy	ndrome							
gove rise to immediate cause (a), stating the under-	DUE TO									
lying couse lost.	(c)									
PART 11. OTHER SIGNIFICA  PART 11. OTHER SIGNIFICA  200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING  OR CONTRIBUTING  CAUSE OF URLE ETHER, NOTIFY MEDICAL EXAM	NT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT NOT R	ELATED TO TH	ETERMINAL DIS	ASE CON	DITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	MINER)	CRIBE HOW INJURY O	CCURRED. (Ente	r noture af in	jury in Port I or	Port II of i	lem 18.)			
20c. TIME OF INJURY Month, D Hour o. m. p. m.	While	NJURY OCCURRED Not while of wark	20e. PLACE OF foctory, st	INJURY (Hom reet, office blo	ne, form, 20f. ( dg., etc.)	City or tow	n)	(Co	ounty)	(Slote)
21. I certify that I attend	ed the decease	ed from April	6.	19.51	o Oct.	26.	1959	that I le	ist saw th	e decense
alive on October 2										
0	10			Ou ordere			y or lown,		c dule si	DATE SIGNES
ACTUAL SIGNATURE SECURITION	1 Am	pp	M.D	4116	Edmond				1	0/28/59
	A. Knipp,		-		imore 2					
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) Burial Oct.		22c. NAME OF CEME			22d. LO		ity, tawn, o		(S	tote)
23. FUNERAL DIRECTOR'S SIGNATURE	30,59	Loudon	Park				to.			
Farley Funera	Home		77 - 142		a. REC'D BY REC	SISTRAR	24b. REGIS	TRAR'S SIGN	NATURE	
TO A TOTAL	TT TTOTAL	UCLIDIES VI		I DA	TE					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. filed with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should MIDDLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 090 67 YES NO NAME OF First Middle Month Yeor DECEASED OF DEATH (Type or print) ALLEGI October 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | 7 2 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) U.S.A CHEF 13. FATHER'S NAME 17. INFORMANT 16. SOCIAL SECURITY NO. Address SAME 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 422,1 DUE TO Conditions, if ony, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? accinema YES NO Z 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work p. m. Oct 29, 1959, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 8.45 P.M., from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED MENOFI BALTIMORE 20 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV arihur & thous 15M 9/55

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21 MATER AND DATE AND DESCRIPTION OF	740 M		

INTERVAL BETWEEN UNKNOWN

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IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

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U. S. A.

ON A FARM?

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Year

1959

Reg. Dist. No

Months

(b) METASTATIC CARCINOMATOSIS INVOLVING PERITONEUM

XXXMESENTERIC AND RETROPERITONEAL LYMPH NODES.LIVER

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

PERFORMED? YES X NO

(Stote)

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year

Hour o. m.

20d. INJURY OCCURRED While Nat while at wark at wark 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.)

(County)

21. I certify that Taffended the deceased from September 22 1959 taOctober ] ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

M.D. VAH. BALTO 18 MD. FT. HOWARD DIV.

PHYSICIAN'S JOHN W. CRAWFORD, M.D. NAME (Type)

VAH.BALTO 18, MD. FORT HOWARD DIV. 10/1/59

220. BURIAL, CREMATION, 22b. DATE THEREO!

22c. NAME OF CEMETERY OR CREMATORY Baltimore National Com. 22d. LOCATION (City, town, or county) Baltimore, Maryland (State)

Carrollton Ave., Balto.Md. DATE OCT

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur & Henry

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

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		1103	2	CEI	RTIFICA	ATE OF I	DEATH			Reg. Dis		000	U
	PLACE OF DEATH	altimore		,	MARYLAND	o. STATE.	DENCE (Whe		lived. If institution b. COUNTY	n: Residen			on)
	RURAL ond give n	If outside corporate lime earest tawn)	its, write	c. LENGTH OF	STAY IN 16	1	TOWN (If ou		ote limits, write R	URAL ond	give nea	rest town)	
		TAL (If not in hospital,				d. STREET				1		e. IS RESI ON A YES	DENCE FARM? NO
	NAME OF DECEASED (Type or print)		LEWIS	N	iddle	Los		4. DATE OF DEATH	Man Octobe		Da	y Y	ear 9 <b>59</b>
	sex <b>Male</b>	6. COLOR OR RACE	7. MARR	IED NEVER M		8. DATE OF BIRT	н . 1920		9. AGE (In years last birthdoy) 39 yrs.	IF UNDER Months			-
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13.	FATHER'S NAME Elwood 1	Norris Alla	ton			14. MOTHER'S		AME					
(Ye	WAS DECEASED EVE s, no. or unknown)	(If yes, give wor or dates of WW 2		SOCIAL SECURIT		lorence	T. All	ston.	31 Croft		Rd	Luthe	ervil
ATION	Conditions, if c gove rise to couse (o), stoting lying couse last.	mmediate (	o)	ONTRIBUTING T	O DEATH BUT	T NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1	PERFOR	NUTOPSY RMED?
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJU	IRY OCCURRE	D. (Enter noture o	of injury in P	ort I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJUI Haur o. m. p. m.	RY Manth, Doy, Ye	20d. IN While of worl	Not while of work	D 20e. PL fo	ACE OF INJURY octary, street, offic	(Hame, farm, te bldg., etc.)	20f. (City	or town)	(0	County)		(Stote)
	21. I certify the alive an	Learn FORE	decease , 12 \$	g, and Lily		n accurred at			the causes an	d an the			
	BURIAL, CREMATIC REMOVAL (Specify Burial FUNERAL DIRECTOR	Oct. 14.]	959	Baltim ADDRESS		tional C	emeter 240. REC'D	y Ba		Mary STRAR'S SIG	GNATU	(Stote	,)
1	John Bu	rns' Sons,	Towso	n. Mary	land		001	6 '59	arthur	A. 100	MUS.		

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ر عن		Buttemore Founty CERTIFICATE OF DEATH Reg. Die	1.0996
I director	1	1. PLACE OF DEATH o. COUNTY 27 Pe (C3 on A U.O MARYLAND)  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE M. A. 2 b. COUNTY J. C. STATE	ce béfore admission)
Pe ed	11	b. CITY OR TOWN (If autside carporate limits, write RURAL and grund and grun	jive nearest town)
by the fund 2 should	X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 27/R/CZAS Que  1 d. STREET ADDRESS 27/R/CZAS Que 27/R/CZAS Que	e. IS RESIDENCE ON A FARM? YES NO
illed in b es 1 and		3. NAME OF DECEASED (Type or print) China Mary Chizick. Date OF DEATH OF DEATH	Day Year 1959
completely filled papers. Pages 1 oth			1 YEAR IF UNDER 24 HRS. Days Hours Min.
and comp		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CIT	SA,
physician ar move carbo hours after		13. FATHER'S NAME  TO CALLE VIA MODE  TO CALLE VIA MODE  TO CALLED	
ng physic remove 72 hour		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (191, no. or unknown) (19 yes, give wor or dales of service) (192, no. or unknown) (19 yes, give wor or dales of service) (193, no. or unknown)	ame
attendii n please within		18. CAUSE OF DEATH [Enter only one couse per line for (1) ond (1) f  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) // Elous ku he Cur emoma.	INTERVAL BETWEEN ONSET AND DEATH
by the it. The		199,2 DUE TO DAIGIN. LIFE und E FER MMENT	9 months
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physicio as been al-trans aval, as	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO DE
icate hithe buri		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
l or oth vis certif use as matian,		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m.  19 While Nat while of work at wo	County) (State)
After the hed for rial, cre		21. I certify that I attended the deceased from FEbruary, 1959 to Ochobral 1959, that I I	ast saw the deceased
by the CTOR: e detoc	1	ACTUAL SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE M.D. 10 CUSTERN CULTURE	DATE SIGNED
AL AL hourd b		PHYSICIAN'S NAME (Type)	(
may be r FUNER. page 3 s the regist		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City. town, or county), REMOVAL (Specify) 10 - 30 - 59 5 ac year Heart Cemeles Vermon HillORA	Balt Store
VS A15 (4)	2	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  1. Characteristics (Continued Services and Content of Continued Services Servic	
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
11034	CERTIFICATE OF DEATH	Reg

CERT	<b>IFICA</b>	TE OI	F DE	ATH

10997 Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed			e before a	dmission)
a. COUNT	Baltimo	ore	MARYLAND	o. STATE	land	b. COUNTY	Balti	more	
b. CITY OR TOWN RURAL and give i	(If outside corporate limi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write F	URAL ond g	jive nearest	town)
	Middle Riv	er		54 Midd	le Riv	er			
OR INSTITUTION		120.0		d. STREET ADDRESS		Director	2	0	RESIDENCE
	506 Middle			506	Middle			1 10	S NO X
3. NAME OF DECEASED (Type or print)	Fir Fran		Middle	Asher	4. DATE OF DEATH	Mar	et.	26,	1959
5. SEX			RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			
Male	White	WIDOW		Nov. 28, 1	879	10st birthday) 79 yrs.	Months	Days He	ours Min.
Will a sea of	11220000		KIND OF BUSINESS OR IND				12.CITI	ZEN OF WH	HAT COUNTRY
during most of wo	rking life, even if retired								
Farmer-	Retired		Farming	14. MOTHER'S MAIDE	. Co. Mo	1.	U	SA	
IS. FAITIER S NAME				14. MOTHER 5 MAIDE	IN NAME				
	John Asher				Mary Mcl	- 4/			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT		Add	ress		
No		21	4-20-5430 Tr	s. Annie Ash	er 506	Middle H	liver	Rd.	20
PART I. DE			Acute 2	alcrosi's	.l in	faret	ion	ONSET	AND DEATH
cause (a), stating	the under- DUE TO	)			N. In		-		
PART II. OT	THER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TE	RMINAL DISEASE	E CONDITION GI	EN IN PART	1(o) 19. V	VAS AUTOPSY
PART II. OT									ERFORMED?
OR CONTRIBUTING	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Port I or Port	t II of item 18.)			HP 1
20c. TIME OF INJU Haur a. m. p. m.	10	While	t t	PLACE OF INJURY (Home, factory, street, office bldg.,		ar town)	(C	County)	(Stote
21. I certify t	hat I attended the	deceas		, 1957, 10	Oct 2	1950	that I la	st saw th	ne decease
alive an	Oct. 27	, 19_	25, and that deat	h accurred at 32	A.M. fram	the causes ar	d an the	date ste	ated abav
	0	0	_		ADDRESS (St	reet, city ar tawn,	stote)	0-	DATE SIGNE
ACTUAL SIGNATURE -	Samuel	1	17/-	MD	(	Jet. 2	7.	19	,
PHYSICIAN'S NAME (Type)	Sam	wel	Stern.	~ · D .	М	d.			
1	ON, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCAT	TION (City, town,	or county)		(Stote)
Rurial	10-29-19	59	Ebenezer	Methodist	Cl	hase, Mo	1.		
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	// 24a. R	EC'D BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	7,75
Rasahn	Tun'l Home	74	01/58/au Ra	DATE	OCT 3 0 '5	ig a	Thur &	Krana	

director,

funeral

campl

ond

physician certificate

attending

signed

peen

has

certificate

OR

FUNERAL DI

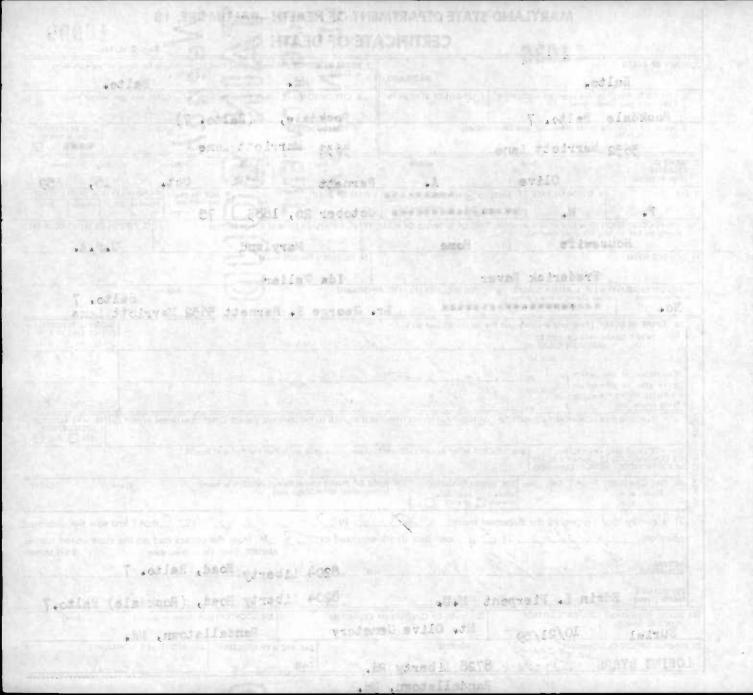
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Links and special resolution of the barrier Large Control 3 days - 1 Selection e 7900 to 100 to 1 medi engel THE SET OF THE PARTY OF THE PAR STEERING STATES AND A VALUE OF THE STATES OF property of the second second of the second AND CHES MAN DE CONTRACTOR MANAGEMENT DE CONTRACTOR DE LA CONTRACTOR DE ACCURATE OF A DESIGN WINDOWS AND STORY OF THE STORY OF TH A/ The Light of the Country Said for the Country the state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 1SM 9/S8

	MARYLAN	D STATE DEPARTM	MENT OF HEALTH			11000
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO MARYL and	ere deceosed lived. If	OUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catons ville	THE REST	c. CITY OR TOWN (IF o	per a	write RURAL ond giv	
	d. NAME OF HOSPITAL (If not in hospital, give strong in institution 69 Merrill Road	eet oddress)	d. STREET ADDRESS 69 Merrill	Road		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Stanley	J. Bart		4. DATE OF DEATH OC T		Day Year
	Male White wind	ARRIED NEVER MARRIED DIVORCED DIVORCED	June 10,19		thdoy) Months De	YEAR IF UNDER 24 HRS. Bys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Fire Dept.  3. FATHER'S NAME	Bethlehem Ste		ore, Md.	USA	N OF WHAT COUNTRY?
Ł	Joseph Bartas s. was Deceased ever in u. s. armed Forces?	16. SOCIAL SECURITY NO.	Unknow		Address	
	(Yes, no, or unknown) [If yes, give war or dates of service]			artas.69	Letechnotone	Road
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Frine for (o), (b), and (c).]	u arin	prod		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost.	hotosto	Jus - fly	erallyd		
	PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  C	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condit	ION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
		DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of item	18.)	
	Hour o.m.	d. INJURY OCCURRED  Not while work of work	LACE OF INJURY (Home, form octory, street, office bldg., etc	20f. (City or town)	(Cou	unty) (Stote)
	21. I certify that I oftended the dece olive on Total SIGNATURE  PHYSICIAN'S MAME (Type)  PHYSICIAN'S MAME (Type)				ses and on the o	saw the deceased date stated above.  DATE SIGNED
1	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) Oct. 8/59	Loudon Pk.	OR CREMATORY	22d. LOCATION (City Baltimo)	The second second	(Stote)
2	EUNERAL DIRECTOR'S SIGNATURE DIRECTOR'S AUGUSTALE	tors, 4101 Edn	nondson A DATECT	D 8Y REGISTRAR 24	ib. REGISTRAR'S SIGN	

TENIL and the state of t determine the second of the tree that the on illusted the land illustrated the Steals; J. Burtas Sect. 5/59 Mire sept. All sheethed less rent Halt beers, id. USA THE THE PARTY OF T Sant filtre | 94, Sept. Linux | 144 CANE VO EIR All white I was a larger conference for any owner for the contract of A STATE OF S

15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

Rea. Dist. No

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

5 ams

PERFORMED?

YES NO Z

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

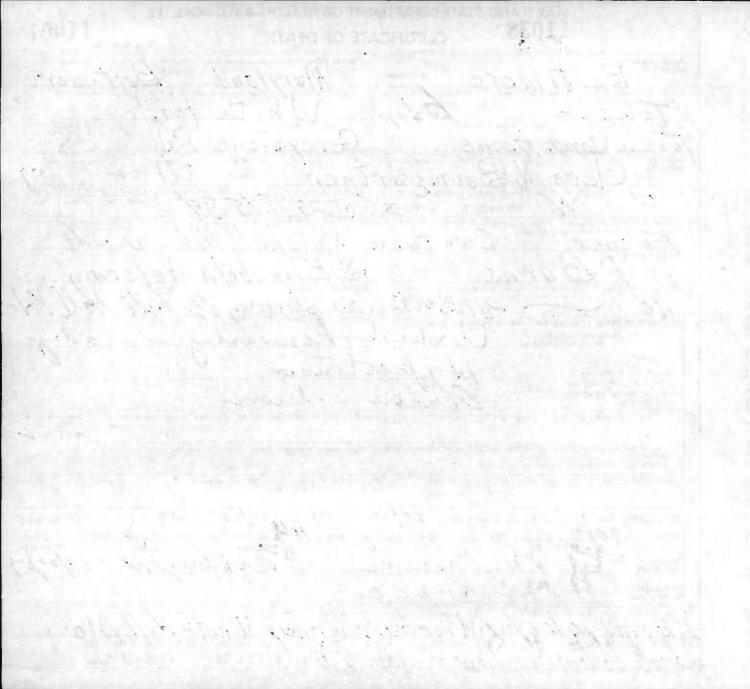
Months

ON A FARM?

YES NO

Year

19



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 11000

11003

	1:001			Keg. I	DIST. NO.
1	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who of STATE Mary	ere deceased lived. If institution: Resid Land b. COUNTY B	ence before odmission)
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give proces) leven	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	utside corporate limits, write RURAL and	d give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street of RESTITUTION 7500 R:		d. STREET ADDRESS  7500 Rid	idle Avenue	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) LUUIS	Middle Henry	Booger.	4. DATE Month OF DEATH OCTOBER	Day Year 18, 19 59
	S. SEX Male 6. COLOR OR RACE White Widowe	HING. THE MAN AND THE	8. DATE OF BIRTH August 9, 3	9. AGE (In years lif UND) lost highlight yrs. Manths	ER I YEAR IF UNDER 24 HRS. Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. Redusing most of working life even if retired)	kind of Business or Indusichweine Co.	Baltime	ore, Maryland	U.S.A.
	Henry Boeger		14. MOTHER'S MAIDEN N UNKnew		
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, gum wor or dates of service)		oformant es. Elizabet	th Reeger 7500	Riddle Ave.
	18. CAUSE OF DEATH [Enter only one couse per lin  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause last.  (c)	sult - law	lu pasen		INTERVAL BETWEEN ONSET AND DEATH
0	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED			PERFORMED? YES NO
	20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur o. m. While	Not while of work	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
1	21. I certify that I attended the decease alive an /9/1/ , 19 -  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) SESH R -	,		Apprecia (1954), that who from the causes and on ADDRESS (Street, city or town, state)  Bush St.  Third 24, My	I last saw the decease the date stated above DATE SIGNED
	220. BURIAL CREMATION, 22b. DATE THEREOF Oct. 21, 59	Oak Lawn	R CREMATORY	22d. LOCATION (City, town, or county Eastern Blvd.	) (Stote) Md •
	23. FUNERAL DIRECTOR'S SIGNATURE John J. Duda 7922 Wise	ADDRESS Ave. 22, Md	0.07	2 2 2 59 24b. REGISTRAR'S 2 2 2 159	

the registror prior TO FUNERAL DIP Poge 3 should to VS A15 (4) 1SM 10/S7

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

ta burial, crematian, or removol, and in any event within 72 haurs ofter death

11040 CERTIFICATE OF DEATH 11004

	Reg. Dist. No.
o. COUNTY Ballo MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY
CITY OR TOWN (If outside corporate limits, write ROYAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  55 Town
d. NAME OF HOSPITAL (If not inhospital, give street address) OR INSTITUTION  JULY  GUY	d. STREET ADDRESS   O. IS RESIDENCE ON A FARM?   TES   NO
3. NAME OF DECEASED (Type or print) Marthu C'Middle 30	hnewberg 4. BATE Of 7 Doy Year 1959
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BARTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HAS.  4 Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPOICE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Clyzn F. Clvug	14. MOTHER'S MAIDEN NAME  LINE LA RUE
15. WAS DECEASED EVER IN D. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	ustand Same
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the under-lying couse lost.	eurorishage 79 bis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \subseteq \text{ NO } \( \subseteq \)
	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PL Hour o. m. 19 While Not while of work 19 of work 1	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from 8-4 alive on 10-75, 1959, and that death	-, 1959, ta 10-7-, 1959, that I last saw the decease accurred of 1:304M, from the causes and an the date stated above
ACTUAL SIGNATURE SOCIAL SUICE	ADDRESS (Street, city or town, stote)  DATE SIGNE  M.D.  10-8-59
PHYSICIAN'S PH SIVEL	3105 91. Charles St. Batto, 18. 916
REMOVED SPECIAL CREMATIONS 22b. DATE THEREOF 22c NAME OF CEMETERY O	ul Dallo ma
3. FURERAL DIRECTOR'S SIGNATURE (06) Hayor	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OF THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs effer death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PACTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 shaw detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs-offer death. VS A1S (4) 15M 9/SS

DILL STREET	ATE OF DEATH	B. CERTIFIC		
		This rein		
		Water Commence		
Talleto -				
			1707	
	14 1 Marian			
				G-19
	Marin Commence of the Commence			
The Barton steer pilet by the second steer production of the part of the second	THE ALL STORY	Section &		Albert Little

# HEALTH DEPT

please executed a certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. ecessary, DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dela

TO DEPUTY VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT			2. USUAL RESIDEN		easad livad, If institution b. COUNTY	n: Rasidenca b	elore edmission)
	Baltimore	MARYLAND	a. STATE Mary.	Land	D. COUITI		V
	(if outside corporate limits, d give naarast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corpor	rate limits, write RURAL	and give neer	est lown)
WINE KOKAL BIN	d give naarast lown)		Balt	imore	3	V01	4
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not in hosp	itel, give streel eddress)	d. STREET ADDRESS	A 1 14 1 2 1			. IS RESIDENCE ON A FARM?
Timoni	um Fair Grounds		1232	Argyle	Avenue	Y	ES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	RAYMOND	J.	BOOKER	DEATH	October	6	1959
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	DATE OF BIRTH		AGE (In years   IF UND		UNDER 24 HRS.
Male	Colored WIDOWED		Sept. 5, 191	.9	AO yrs. Months	Days He	ours Min.
		OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State	or foreign coun	Iry)   12.	CITIZEN OF W	HAT COUNTRY?
Jockey	orking life, even if retired)		Baltimore,	Marvla	nd	U.S.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	a sua	0,0,1	
Joseph	A. Booker		Catherine	Mitche	11		
15. WAS DECEASED EN	VER IN U.S. ARMED FORCES?   16. S	OCIAL SECURITY NO.   17. I		, THE OCITO	Address		
(Yes, no, or unkown) (	(Ifyesgive werordatesofservice)	8-03-2874 Am	meel Faulcon	- 1232	Argyle Ave	nue	
	DEATH [Enter only one cause par lin					INTERV	AL BETWEEN AND DEATH
PART I. DEAT	TH WAS CAUSED BY: Guns	hot wound of l	nead			ONSEI	AND DEATH
1976X	DUE TO				= , = 1/2		
Conditions, if any							
geva rise to immed	diate cause						
(a), stating the s							
cause last.	(c)	PIRITING TO DEATH RUT NO	T DELATED TO THE TERMIN	VAL DISEASE CO	ONDITION GIVEN IN 8	APT 1/a\/ 10 \/	VAC ALITORCY
OF PARI II. OTHE	R SIGNIFICANT CONDITIONS CON	KIDOTINO TO DEATH DOT NO	T REENTED TO THE TERMIN	THE DISEASE CO	ONDITION GIVEN IN F	200	PERFORMED?
5						YES	ио 🗌
PART II. OTHE  2Da. EXTERNAL C PRIMARY 15 or CC CAUSE OF DEATH.	ONTRIBUTING   206. DESCRIB	e how injury occured. (E		T I or Perf II of if	am 16.)		
		NJURY OCCURRED   200. PLA	CE OF INJURY (Home, ferm	, ; 2Df. (City o	or town) (C	County)	(State)
20c. TIME OF INJU-	10/6 19 59 While	Not While Fai	r Grounds	.)	Bal	timore	Md.
	hat I took charge of the rema		entre)	-	Inquiry .		my opinion
1000	from: Matural causes ,		de X. Homicide		etermined manner		my opithon
deam resulted	from: Platural causes,	Accident, Suici			eletuitied maillet		
ACTUAL	litaran	1015	CHIEF MEDICAL	-			
SIGNATURE	00010	many y	M.D. ASSISTANT MED				E SIGNED
EXAMINER'S NAME (Type)	W. Bradley Ki	ng, Jr., M.D.	DEPUTY MEDICAL Addrass (Streat, o	_	unty)	10/	7/59
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF			ON (City, town, or cour	niry)	(State)
REMOVAL (Specify	10-12-59	Arbutus Memor	ial Park	Baltim	ore, Maryle	and	
23 FUNERAL DIRECTO		ADDRESS		'D BY REGISTRA	R   246. REGISTRAR'S	SIGNATURE	
Charles R.	Law - 802 Madis	on Avenue	24-00	T 1 3 '59	arthur 2	94	
ONIGH TOO IL.	Law - Cor Pauls	ou walle	I DAIE		Contract 2	n / halls	

obcorrect than 2 140 around as LIST ME GLE LEVEL SEEL Massacra Tear Oreania TALKAImept 5 long and ele baholdi gin A. A. The contract of the street of the stre Ifodo the and wanted 1236-17-1676 inmitted a notice of the property of the contract . I Le . . saile . . . . . . . . . . . . . . . . . Back to Real some 7:33 Et John Sa William & Well Wedneth

The Intelligence of the Land

agreeva her that S.S. - Val. it suffered

Spring of the 19-11-19 Assistant Washington First Core, Maryand

15/11/38

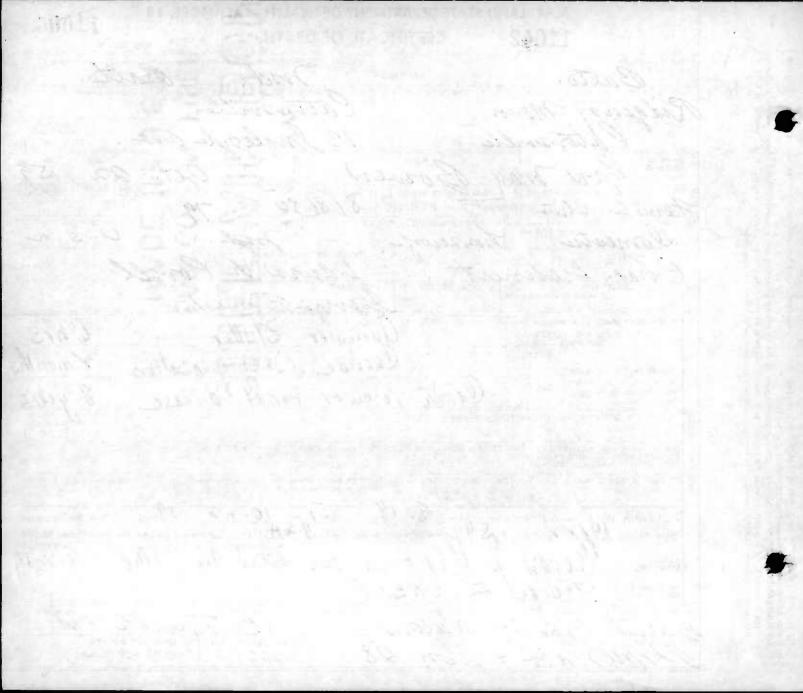
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MARYLAND STATE DI	EPARTMENT OF HEALTH	H-BALTIMORE, 18	11000
11042 CE	RTIFICATE OF DEATH	H Boo Die	11006
		keg. Uis	
o. COUNTY	MARYLAND 2. USUAL RESIDENCE (WI	here deceased lived. If institution: Residence b. COUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write DURAL and give nearest tawn)	STAY IN 16 C. CHOOR TOWN (IF	autside corporate limits, write RURAL and g	give nearest town)
ragerosy monos	xcuron	nucle	
d. NAME OF HOSPITAL (I not in hospital, give street gddress) OR INSTITUTION (I towardle	d. STREET ADDRESS	eleside ave.	e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)  (Type or print)	Middle Last	4. DATE Month OF DEATH	2 1959
S. SEX 6. COLOR OR RACE 7. MARRIED PREVER A	MARRIED B. DATE OF BIRTH	lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
The state of the s	ORCED 0 / 8/ 00	19 yrs.	
10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSIN during roost of warking lifer even if retired)	IESS OR INDUSTRY 11. BIRTHPLACE (State	or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
Phase Lack - at	1-Auna	11. Kmell	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	TY NO. INFORMANT	Address	
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURIT   16. S	Y NO. INFORMANT	2 Address	
	Solving -	Sowen	
18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), on	nd (c).]	V 1/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	gyricy/or c	Multer	ONSE AND DEATH
442 X DUE TO	Cardine ()	leompen sating	V month
Conditions, if ony, which gove rise to immediate (b)	40	- componenting	
couse (o), stating the <u>under-lying couse lost.</u> DUE TO  UNITY  (c)	5- rescular ren	al disease	8 years
	TO DEATH BUT NOT RELATED TO THETERM	INAL DISEASE CONDITION GIVEN IN PART	1 1(a) 19. WAS AUTOPSY PERFORMED?
5			YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (Enter nature of injury in	Port I ar Part II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRE Hour a. m. p. m. 19 While Nat while of work of work	20e. PLACE OF INJURY (Home, farm factary, street, affice bldg., etc		County) (State)
p. m. 19 of work of work	2 0 -	-1	
21. I certify that I attended the deceased fram	8 18 190/19	10: 77, 193, that I la	st saw the deceased
alive on 19, and	that death accurred at 7	DM, fram the causes and an the	date stated abave
He 18 1115	0	ADDRESS (Street, city or town, stote)	DATE SIGNED
ACTUAL SIGNATURE	an no 005 5	reg, 412 28111	10,221
PHYSICIAN'S RAME (Type) TEOMEL T, U	RBAN		
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF	CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
Busial 10/26/59 Due	em	Chonsulle	me.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC	D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE
Mullatt + Son	28 DATE ,01		Kraus



22c. NAME OF CEMETERY OR CREMAT

ADDRESS

New Cathedral Cer

e. IS RESIDENCE ON A FARM?

YES NO X

Yeor

19

ARYLAND			U.S.	Α.
THER'S MAIDEN	NAME			
RY BRAS	ITIS			
T		Addres	S	
VAH	BALTO MD	FT HOW	VARD DI	VISION
ACUTE			ON	TERVAL BETWEEN ISET AND DEATH UNKNOWN
OVASCUL	AR DISEA	SE		UNKNOWN
			N IN PART 1(o)	19. WAS AUTOPSY
	TASIS-DU			PERFORMED? YES NO TO
L METAS	Part I ar Port II c	RATION (		
L METAS	Part I ar Part II o	RATION (		YES NO 🔽
L METAS iture of injury in URY (Hame, farr, office bldg., etc.	Pasts – DU Part I ar Port II c	RATION ( of item 18.)  10wn)  6., 1959,13	(County	YES NO 🔽
L METAS ture of injury in URY (Hame, form office bldg., etc. 59 , to 00 d at7:45	Pasts – DU Part I or Port II or  m, 20f. (City or to	ration ( town)  6., 1959, 12 c couses ond city or town, sh	(County	YES NO (State)  (State)
L METAS ture of injury in  URY (Hame, form, office bldg., etc.)  59 , to 00 d at 1:45	Pasts - DU Part I or Fort II or m, 20f. (City or fort)  ctober  M, from the ADDRESS (Street,	ration ( town)  6., 1959, 12 c couses ond city or town, sh	(County (Count	YES NO (Stote)  (Stote)  (Stote)  AZUNACIA CARACTERISTANCE  e stoted obove  DATE SIGNED
L METAS  there of injury in  URY (Hame, farr, office bldg., etc.)  59 , to 00  d at 7:45	Pasts – DU Part I or Fort II or  m, 20f. (City or the ctober  PM, from the ADDRESS (Street, More)  imore, M  22d. LOCATION Old F	ration ( for them 18.)  10wn)  6., 1959, the courses and city or tawn, should. Ft Hall (City, town, are coursed as a course of the city of them city	(County (County (County) (Coun	YES NO MONOMENT NO
URY (Hame, farr, office bldg., etc.)  59 , to 00 d at 7:45	Pasts – DU Part I or Fort II or  m, 20f. (City or the company of t	ration ( for them 18.)  10wn)  6., 1959, the courses and city or tawn, should. Ft Hall (City, town, are coursed as a course of the city of them city	(County  (County  (County)	YES NO MONOMENT NO

may be retail TO FUNERAL D HOSPITAL VS A15 (4) 15M 9/58

220. BURIAL, CREMATION,

Burial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

10 1959

Dippel Bros. Inc., 7110 Belair Rd., Balto., Md.

THE SECOND OF EACH OF HER STATE OF THE STATE NOTES TO THE PROPERTY OF THE TANK OF THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF T - - I TOOL - HOT TOKENHEE TANKER SOME - SECTION SERVICE OF SERVICE AND AND ADDRESS OF SERVICE THE RESIDENCE AND ADDRESS OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY. reconstruction of the state of Commence of the commence of th West of the State The contract of the contract o Manual Brown, District Clar. and though lacord

Arlington S Phillips 1808 N Monroe St Balto Md

Rea. Dist. No.

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FUNER 3 S. SEX

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Howard 74 days Baltimore Fort d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOVI Veterans Administration Hospital 602 Bartlett Street NAME OF Middle 4. DATE Month Day Year (Type or print) DEATH John Briscoe October 1959 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthdoy) Months Davs WIDOWED | DIVORCED A 10-3-93 Mal e Colored yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) Brick Laborer Company Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Jones Kate Whittington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address WW-] CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF THE ESOPHAGUS UNKNOWN due to (b) CACHEXTA UNKNOWN Conditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? BILATERAL. GENERALIZED ARTERIOSCLEROSIS YES X NO 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that Vattended the deceased from July 27 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 10-10-59 PHYSICIAN'S Harold Calvo M.D. VAH Baltimore Md Ft Howard Division NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, ar county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 10-12-59 Burial Arlington National Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SHIPPED TO: HARRY S. WASHINGTON & SONS, 4990 BLK DEANE AVE, NE, WASHINGTON, D. C.

OCT 1 3 '59

DATE

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executed within 24 hours after death. If any delay is put sory, please T	if in Item 18. Give Pages 1, 2, and 3 to the funeral ctor. Page m 1	A should be greated to the frequencies around the state of the state o	or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.	TADE (
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1	-	B. CAUSE OF D	EATH [Ent	er only one cou				COOT C.	02 1	1	7	LLA	INTE	VAL BETWE	EN
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		20c. TIME OF IN	IJURY A	Aonth, Doy, Yea		COMMIN		CE OF INJU	RY (Home, for	m, 20f. (Cit	ac. of ri		femu:	r	(Stote)
	MEDI	8:20 P.		5-28-59	While of wor	k of wor	Inn Inn	spita	office bldg., et	c.) Ca	atonsvill	e 28	, Ma:	ryla	nd
		21. I certify	that I t	aak charge	of the r			ve, held	an Autop	sy 🔲 , 1	nspection [].	Inqu	iry 🔁	an	d in my
		opinion dea	th result	ed fram: 1	Vatural c	auses, [],	Accident	Sui	cide [],	Hamicide	. Undete	rmined	monne	r 🗆	
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	220	NAME (Type) BURIAL CREMA		rge M.			D. OF CEMETERY OR		UTY MEDICAL					10.	
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	23. 1	UNERAL DIRECT		ATURE	0.1	ADDRES	1640.0	11 6		D BY REGIS	FRAR 246. REGIS	-	GNATU	-	עטו
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VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11046

CERTIFICATE OF DEATH

11010	Reg. Dist.	No.
D. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Md. b. COUNTY Balt	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give 55 Towson.	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Holly Hill Manor Home	d. Street Address 1702 Aberdeen Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  Anna Katherin	e Caldwell 4. DATE OF DEATH Act	Day Year 30 1959
s. sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	The state of the s	YEAR IF UNDER 24 HRS. oys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  at nome.	Baltimore, Maryland	USA
3. FATHER'S NAME  John Hoos	14. MOTHER'S MAIDEN NAME Mary Kessler	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	E. L. Caldwell 1702 Abera	leen Rd
1B. CAUSE OF DEATH [Enter only one couse per line toy (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  O  O		INTERVAL BETWEEN ONSET AND DEATH MED,
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b)   DUE TO  (c)	Aftenosallarores	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DOATH BUT	Hip.	(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  TELL GERMAN	ED. (Enter notice of injury in Part I or Port I of item 18.)	
A Hour o. m. Oles 10 While Not while 1 50	(Countries of the Countries of the Count	unty) (State)
21. I certify that pattended the deceased fram alive an Ost 29 , and that death actual signature	accurred at 6 STAM, from the causes and an the causes (Street, city or town, state)  M.D.	saw the deceased date stated abave. DATE SIGNED
PHYSICIAN'S Charles E. Carr, Jr., M.	1.B. 6201 York Road #12	2
220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CO Green Mow		ryland
Leonard J. Ruck 5305 Harford Rd	DATE NOV 2 '59 Corthury 8. 1	

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e. IS RESIDENCE ON A FARM?

YES NO TO

Year

1959

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Months

I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Baltimore funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e RURAL and give nearest town) 2 Days (20) should Baltimore Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 22 Veterans Administration Hospital 6 Village Green puo 2 NAME OF 4. DATE Middle Month filled DECEASED NAT CAPRICE October Poges (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years S. SEX 8. DATE OF BIRTH 50 yrs Male White WIDOWED [ DIVORCED T October 5, 1909 popers. compl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Tile Setter Self employed Brooklyn, New York puo pou Ö ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physicion Joseph Caprice Augusta Bono hours eose remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 72 Clinical Records, VAH, BALTO. 18, MD. FT. HOWARD DIV. Yes ottending 103-07-9834 withfin 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) ACUTE MYOCARDIAL INFARCTION Then event the PXXXXXOLD MYOCARDIAL INFARCTION þ Conditions, if ony, which DUE TO MARKED CORONARY ARTERIOSCLEROSIS permit. ony gned gove rise to immediate XXXXX MODERATE HYPERTENSION couse (o), stoting the underphysicion. puo lying couse lost (c) HYPERTROPHY AND DILATATION OF HEARI buriol-tronsit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removo PULMONARY EDEMA hos 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificote (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work OR: ADDRESS (Street, city or town, stote) ACTUAL M.D. VAH. BALTO. 18, MD. FT. HOWARD DIV. o FUNERAL DIX poge 3 should b à PHYSICIAN'S SAMUEL J. MANGUS, M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10-19-59 Baltimore Buráal Baltimore National Cem. 10 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS OCT 1 5 '59 arthur S. Krass Wm.Cook. BlightSfine.6009 Harford Rd.Sts

U. S. A. INTERVAL BETWEEN LE HOURS MONTHS UNKNOWN UNKNOWN

PERFORMED?

YES NO

(Stote)

Marvland

(Stote)

VS A15 (4) 1SM 9/S8

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BALTIMORE, 18	1101;

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director,

funeral should

the attending physician and campletely filled in by Then please remave carban papers. Pages 1 and 2 Ofter death. within 72 haurs OR: After this certificate has been signed by the in any detached far use as the burial-transit remayal,

requires that the death certificate be executed within 24 haurs

ITENDING PHYSICIAN: The TO FUNERAL DIRECT PAGE 3 shauld be a the registrar priar TO HOSPITAL VS A15 (4) 1SM 9/S8

						Reg. Dist. No	0.
1. PLACE OF DEATH a. COUNTY B	altimore	MARYLAND	2. USUAL RESIDENCE (W		d. If institution b. COUNTY	n: Residence bef	
b. CITY OR TOWN (IF RURAL and give nea Dunda		te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		imits, write RI	JRAL and give n	earest tawn)
d. NAME OF HOSPITA OR INSTITUTION	32 Broad		d. STREET ADDRESS	adship			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	FREDERICK	Middle R.	CARDONA	4. DATE OF DEATH	Oct.	7,	Pay Year 19 59
5. SEX Male	COLUMN CONTRACTOR	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 6, 187	la	GE (In years st birthdoy) B2 yrs.	IF UNDER 1 YEA Manths Days	Haurs Min.
10o. USUAL OCCUPATION during most of working Mechanic-	ng life, even if retired)	106. KIND OF BUSINESS OR INDU			)	12.CITIZEN C	OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
John Card			-	Goetsche			
1S. WAS DECEASED EVER (Yes, no, or unknown) No.	IN U. S. ARMED FORCES? f yes, give war or dates of service)		s. Ellda Pott	eiger 32	Broads		
PART I. DEAT 540,0  Canditians, if an gave rise ta im cause (o), stating Il lying couse lost.	he under-	Pepsei III	Cotuden			ON	TERVAL BETWEEN NSEP AND DEATH  July S.
E 200 ACCIDENT WAS	tes Melli	NS CONTRIBUTING TO DEATH BU'  TUS - BU AS  DESCRIBE HOW INJURY OCCURRE	c-v Sise	i -(3) x	lenie	LY LIGHT PART ((o)	PERFORMED? YES NO
OR CONTRIBUTING OF INJURY Hour a.m. p. m.	Month, Day, Year 20		DEE OF INJURY (Hame, far actory, street, affice bldg., et		awn)	(Caunty	y) (State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nB Dav	9.59, and that death	1959, to 0 h accurred a 22 A M.D. 6800 )	M, fram the ADDRESS (Street, Manne Lance)	causes and city or town,	d an the datestate)	10/1/59.
Burial (Specify)	10/9/ 59	22c. NAME OF CEMETERY C	emetery	Colgate	, Md.		(State)
23. FUNERAL DIRECTOR'S		ADDRESS	24a. REC	D BY REGISTRAR		STRAR'S SIGNAT	
OTTLICH LM	neral Home Du	naalk, Md.	DATE	OCT 9'59	a	alhun 2 th	LAMA

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				Keg. Dist. 140	D
PLACE OF DEATH					
Baltimore	MARYLAND	Mary Mary	yland b. COUN	™ Baltim	ore
b. CITY OR TOWN (If outside corporate limits	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write	RURAL ond give ne	earest town)
	- 12 Marie 10 / 20 m	X Woodlay	wn		
d. NAME OF HOSPITAL (If not in hospital, gir	ve street oddress)	d. STREET ADDRESS		15 15 15 11	e. IS RESIDENCE ON A FARM?
	eld Road	11 Summ	erfield Road		YES NO
NAME OF First	Middle Middle	Lost	4. DATE N	Nonth D	lay Year
*	LINWOOD CARP	ENTER. SR.		ober 10	1959
SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEA	
Male White	WIDOWED DIVORCED		- 4:		Hours Min.
a. USUAL OCCUPATION (Give kind of work de	one 10b. KIND OF BUSINESS OR IND		77	12. CITIZEN C	F WHAT COUNTRY?
		Virginia	1	US	A
FATHER'S NAME					
Unknown		U	nknown		
. WAS DECEASED EVER IN U. S. ARMED FORCE		INFORMANT	A	ddress	
Yes	577-05-7793	Nettie May Ca	rpenter - 11	Summerf	ield Rd.
1B. CAUSE OF DEATH [Enter only one cou				IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		LEROTIC	HEART D	ICEASE ON	SET AND DEATH
	THEIGHTOST		nonice y	139120	1011
Conditions if any which					
gove rise to immediate		DINIKH			
Luing cours last					
101.	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE CONDITION (	GIVEN IN PART 1(a)	19. WAS AUTOPSY
					PERFORMED?
20g. ACCIDENT WAS LINDERLYING []	20b. DESCRIBE HOW INJURY OCCURE	FD. (Enter noture of injury in	Part I or Part II of item 18.)		113 LI NOB
OR CONTRIBUTING CAUSE OF DEATH					
	204 INTURY OCCURRED 20e I	LACE OF INJURY (Home, form	20f (City or town)	/County	(Stote)
Hour o.m.	While Not while	octory, street, office bldg., etc	.)	(Coomy	1 (31010)
Decidity  Baltimore  MARYLAND  O. STATE  Maryland  D. COUNTY  Baltimore  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Woodlawn  A. NAME OF BOSPITAL (if not in hospital, give street oddress)  OR INSTITUTION  11 Summerfield Road  D. STREET ADDRESS  ON AR  OR STATE  Woodlawn  A. STREET ADDRESS  ON AR  OR STATE  Woodlawn  A. STREET ADDRESS  ON AR  IS SUMMER OF BOSPITAL (if not in hospital, give street oddress)  OR INSTITUTION  TO STATE  Month  Day  YE  OCTOBER  IN Month  Day  YE  DEATH  OCTOBER  TO COTOBER  TO STATE  Month  Day  YE  DEATH  OCTOBER  DATE OF BIRTH  BEEN  A. COLOR OR RACE  T. MARRIED NEVER MARRIED  NOTHER SIGNIFICATION  NEVER MARRIED  NOTH NEVER MARR					
21. I certify that I attended the					
alive an	, 19 3 , and that deal				
1 0 K	1 604	- · · / 61.	ADDRESS (Street, city or tow	vn, stote)	DATE SIGNED
		un 2 lot UU	MUN CAK 1	1111-	
SIGNATURE Duniel	umen 44	M.D			10-11-5
PHYSICIAN'S	BLUMENFELD,	1.D. BALT	IMORE 7	MARYL	10-11-5 AND
PHYSICIAN'S AMUE	BLUMEN FELD, A  TO 201. NAME OF CEMETERY	1.D. BALT  DR CREMATORY	1MONE 7	MARY (S	(Stote)
PHYSICIAN'S AMUECOS BURIAL, CREMATION, 22b. DATE THEREOF 10/13/19	BLUMEN FELD, M F 22c. NAME OF CEMETERY Woodlawn C		MORE 7, 22d. LOCATION (City, town Woodlawn		(Stote)
PHYSICIAN'S SAMUE	TAC. INAME OF CEMETER	emetery	Woodlawn		yland
	D. COUNTY  Baltimore  b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)  Woodlawn  d. NAME OF HOSPITAL (If not in hospital, given considered in the property of the course of the course of the course (a), stating the course (a), stating the course (a), stating the course (a), stating the course (b), stating the course (a), stating the course (b), stating the course (b), stating the course (b), stating the course (c), stating the course (c), stating the course (c), stating the course (c), stating the underlying course lost.  PART II. OTHER SIGNIFICANT COND  200. ACCIDENT WAS UNDERLYING COND CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.  19  21. I certify that I attended the	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Woodlawn  d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION  11 Summerfield Road  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE (Type or print)  NAME OF White  WIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  ACHIEVES NAME  Unknown  WAS DECEASED EVER IN U. S. ARMED FORCES? FATHER'S NAME  Unknown  WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give war or dates of service) Yes  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate gove rise to immediate gove rise to immediate gove rise to immediate (b)  Iying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BU  20b. TIME OF INJURY Month, Doy, Year Hour o. m.  p. m.  19 ON CONTRIBUTION COURRED While of work while of work contributing to the work contribution of the work contributi	b. CITY OR TOWN (If outside corporate limits, write RIRAL and give nearest fown)  Woodlawn  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  1 Summerfield Road  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  1 Summerfield Road  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  NAME OF BUSINESS  ROBERT LINWOOD CARPENTER, SR.  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED ADTIL 8, 18  DUDORCED DIVORCED ADTIL 8, 18  DUDORCED ADTIL 8, 18  DUDORCED VIRGINIA  NOTHER'S NAME  14. MOTHER'S MAIDEN N  UNKNOWN  WAS DECEASED EVER IN U. S. ARNED FORCES?  If yes, give wor or defree of service)  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING DOUBLE TO COUGH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21. I certify that I attended the deceased from Part of the death occurred at 21/5 Part of work of the cough of work of the order	b. CIV OR TOWN If outside corporate limits, write RURAL and give nearest form:  Woodlawn  d. NAME OF HOSPITAL (If not in hospital), give street oddress)  OR INSTITUTION  NOBERT LINWOOD CARPENTER, SR.  6. COLOR OR RACE  WIDOWED DIVORCED APTI B. B. DATE OF BIRTH  OCT.  SEX  6. COLOR OR RACE  WIDOWED DIVORCED APTI B. BIRTHPLACE (Stote or foreign country)  Wing most of working life, even if retired)  Pipe Welder  FATHER'S NAME  Unknown  WAS DECEASED EVER IN U. S. ARMED FORCES?  If ye, give more of does of warvies for yellow prince form of the couse (o), storing the under life couse (o), storing the under life couse (o), storing the under life ETHER. NOTE HEALTH CAUSE (o)  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  DUE TO  CONGISIONS, if only, which gove rise to immediate couse (o), storing the under life ETHER. NOTIFY MEDICAL EXAMINES)  206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION of the couse (o), storing the under life ETHER. NOTIFY MEDICAL EXAMINES)  206. TIME OF INJURY Month, Day, Year  19 DOWN of which of work of the work of the couse of private lost.  19 DOWN of work of the couse of private lost.  206. TIME OF INJURY Month, Day, Year  206. TIME OF INJURY Month, Day, Year  19 DOWN of work of work of work of the private lost.  207. To other in the under lost of work of the work of the private lost.  208. To other significant conditions contributing to Death but not related to the terminal disease condition of foctory, street, office bidg. etc.]  209. TIME OF INJURY Month, Day, Year  200. TIME OF INJURY Month, Day, Year  201. To earlify that I attended the deceased from 19 DOWN of the couse of the work of	D. CITY OR TOWN (if outside corporate limits, write RURAL and give no RURAL and give no reast above nearest form)  Woodlawn  d. NAME OF CONTROLL (if not in hospital), give street address)  OR INSTITUTION  1) Summerfield Road  NAME OF OF ORDERS  First  Maryland  D. C. CITY OR TOWN (if outside corporate limits, write RURAL and give no Woodlawn  d. NAME OF OR CONTROLL (if not in hospital), give street address)  OR INSTITUTION  1) Summerfield Road  NAME OF OF ORDERS  First  Maryland  D. C. CITY OR TOWN (if outside corporate limits, write RURAL and give no Woodlawn  d. STREET ADDRESS  11 Summerfield Road  NAME OF ORDERS  First  Month  October  10 STREET ADDRESS  A COLOR OR RACE  First  MIDOWED  DIVORCED  APPIL SIRTHLACE (State of foreign country)  Virginia  USUAL OCCUPATION (Give kind of work done of working life, even if refired)  WIDOWED  DIVORCED  VIRGINIA  VIRGINIA  WAS DECEASED EVER IN U. S. ARRAED FORCES?  I. S. SOCIAL SECURITY NO.  WAS DECEASED EVER IN U. S. ARRAED FORCES?  I. S. SOCIAL SECURITY NO.  WAS DECEASED EVER IN U. S. ARRAED FORCES?  I. S. SOCIAL SECURITY NO.  WAS DECEASED EVER IN U. S. ARRAED FORCES?  I. S. SOCIAL SECURITY NO.  WAS DECEASED EVER IN U. S. ARRAED FORCES?  II. S. SOCIAL SECURITY NO.  WAS DECEASED EVER IN U. S. ARRAED FORCES?  II. SOCIAL SECURITY NO.  WAS DECEASED EVER IN U. S. ARRAED FORCES?  II. S. SOCIAL SECURITY NO.  WAS DECEASED EVER IN U. S. ARRAED FORCES?  II. S. SOCIAL SECURITY NO.  WAS DECEASED EVER IN U. S. ARRAED FORCES?  II. S. 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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur at death. Page 4 may be retified by the haspital or attending physicion.

TO FUNERAL CORP. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registror prior to burial, cremation, or remayal, and in any event within 72 hours after death. may be retail.

VS A15 (4) 15M 9/5B

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Assess 15	NEADLE DESCRIPTION		

14

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1105MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11015

		9. 0.0
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions of STATE of Deceased lived.	Residence before admission)
SHLTIMUTE MARYLAN	Maryland Ba	ltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	AL and give nearest lown)
Sparks, Md. life	X Sparks (rural)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WIIIAM John CA	Lost 4. DATE OF DEATH OCT.	Day Year 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthdoy) Mor	NDER TYEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	5-8-1927 32 yrs.	The state of the s
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stote or foreign country)	2. CITIZEN OF WHAT COUNTRY
Farm operator Farm	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
W. Curtis Carroll	Virginia Lupo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes. no. or unknown] [ (If yes, give war or dates of service)	INFORMANT Address	
ves W.W. TT 220-36-1232	Mary Patricia Kone Carro	ll above
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  FLOCTE C	UTION- ACCIDENTEL	INSTANT
914.1 DUE TO		
Conditions, If ony, which) (b)		
gove rise to immediate couse (o), stating the underlying DUE TO		
couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	
<u> </u>		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. EXTERNAL CAUSE WAS PRIMARY B or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED.  WORK RAFE IN FIRM	(Enter noture of injury in Port I or Port II of item 18.)	
CAUSE OF DEATH. WARKING IN FAT	7 Silo With ACHAryed El	et. Then billing
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form, i 20f. (City or town)	(County) (Stota)
Hour o.m. While Not while	actory, street, office bldg., etc.) 3 PATKS - A	Bairs MJ
21. I certify that I taok charge of the remains described ab		
death resulted from: Natural causes, Accident, S		
Talenta Castes [], Accident [], St	order	г <u>Г</u> .
ACTUAL (1. 12. 7 rans	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE CANALATINA	ASSISTANT MEDICAL EXAMINER	10/2/-0
EXAMINER'S A.M. FRANCE	DEPUTY MEDICAL EXAMINER	. 9/3/3 7
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	HARPY PARTY PARTY	2 27 2
Burial (Specify) 10-5-1959 Jessops Me		rks Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ON SOT	1 4, Md 240. REC'D BY REGISTRAR 246. REGISTRAR	'S SIGNATURE
Brooks Funeral Service 622 York	Road District	0 4

VS. A15ME(5) 5M 9/55

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1051 CERTIFICATE OF DEATH

11016

M )		1100		CERTIFIC	AIL OI I				Reg. Dis	t. No.	
	1. PLACE OF DEAT a. COUNTY Ba	ltimore		MARYLAND	II - CTATE	Maryla		d lived. If institution b. COUNTY	anı Residend	ce befare odi	mission)
	RURAL and gi	(N (If outside corporate limite negrest town)		5mth5dys		town (If a		rate limits, write R	URAL and g	ive nearest t	own)
14	OR INSTITUTI	OSPITAL (If not in hospital, g ON ROVE STATE	HOSPITA		d. STREET /	ADDRESS Eutaw	Plec	e	7 0 7	10	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print)	Hugh		Middle W •	Carter	et	4. DATE OF DEATH	Mon	h ober	Doy 15	Yeor 19 59
	5. SEX	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRT		00	9. AGE (In years lost birthday)	-	1 YEAR IF UI	NDER 24 HRS
45	male	White ATION (Give kind of work working life, even if retired	dane 10b. KIND C	DIVORCED TO		14, 18		60 yrs.	12. CIT	IZEN OF WI	HAT COUNTS
-	aucti	oneer	'			arylan			J	J. S.	Α.
	13. FATHER'S NAME				14. MOTHER'S		AME				
W	The second second	NOWN EVER IN U. S. ARMED FOR	CEE2 14 COCINI	SECURITY NO. 17.		known		Add			
	(Yes, no or unknown) unknown	Iff yes, give wor or dotes of s				PRIN G	GROV			PITAL	
		DEATH [Enter only one co			02 00. 0	1 10010	04.00 1		220172		BETWEEN
2	cause (a), sta lying cause I	o immediate DUE TO ast. (c	)	BUTING TO DEATH BU	T NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	PE	REORMED?
0	20a. ACCIDENT	WAS UNDERLYING TING CAUSE OF DEATH	20b. DESCRIBE H	OW INJURY OCCUR	ED. (Enter nature	of injury in P	art I ar Par	t II of item 18.)		AFS	E NO [
	20c. TIME OF IN Haur a. p.		While N	OCCURRED 20e. Flat while wark	LACE OF INJURY octory, street, office	(Hame, farm, ce bldg., etc.)	, 20f. (City	or tawn)	. (0	Caunty)	(State
	21. I certify	that I attended the October 15		May				r 15 1959			
	ACTUAL SIGNATURE	Reuno.	Rava	uskar	'MD SP			treet, city or town,		TTAT.	DATE SIGN
1	PHYSICIAN'S NAME (Type)	Bruno Rada	uskas, M	I. D.	Ca	tonsvi	ille 2	8, Maryla	and		- C. C. A. J.
1	BURTAT	10/10/5		NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, tawn, o			State)
O.	23. FUNERAL DIREC	TOR'S SIGNATURE	A	DDRESS	cem	240. REC'D	BY REGIST		TRAR'S SOL		
2	WIEDEF	ETJ) & SON	CPETNIMO	א מיזאדור	e OOM	DATE	CT 21	'59 (	Ithun 2	8. There	

ofter death. Page 4

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(A L (A))	TE OF DEATH	CERTIFICA	12011	
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				NEW YORK OF BUILDING
A September 1991 (1991) CAR (1992) CAR (1992	on March 19 hard		and on the sing of	
	Common and the second	ATTOOR	SOUTH MINES	

VS A15 (4) 15M 10/57

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

Jeoth: Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11052

**CERTIFICATE OF DEATH** 

11017

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY Balto MARYLAN	o. STATE md. b. COUNTY Balto.
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Tomson	55 Towson
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
1307 Westellen Kd	1 1307 Westellen Red YES NO ST
3. NAME OF PIRST Middle	Last 4. DATE Month Day Year
(Type or print) Lyle /t, (ava	2/1en DEATH (Oct, 29 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
mare winte widowed Divorced	reb, 23, 1884 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or fareign country)
Retired Salesman	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Moher Cavalier	Carry Cammenon
(Yes, no. or unknown) (If yes, give wor or dates of service)	17. INFORMANT Address
167 3/11/04-3/10/07 x10 -07-3x 134	(1/13. tirginia (1/0e/ler-/30) Westellen Kd.
PART I. DEATH WAS CAUSED BY:	A INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	ascending Colon, with
DUE TO Perforation	and melastases. 8M 40
Conditions, if ony, which gove rise to immediate (b)	to with place this
couse (a), stating the under-	The State of Charles
lying couse lost. (c) Could Wellow	BYT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  III EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?_
206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	YES ☐ NO ☐  PRED. (Enter nature of injury in Port I or Part II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
Hour o. m.  p. m.  19 While Nat while of work of wark	notory, meet, once bogs, etc.)
21. I certify that I attended the deceased from 20 M	arch, 19.59, to OCK 29, 1959, that I last saw the decease
alive an 2 2 Col., 1959, and that de	gath accurred at 4.45 PM, from the causes and an the date stated above
() 00 0011 (	ADDRESS (Street, gifty or toyin) state) / DATE SIGNE
SIGNATURE TOZEDA TO MUSE	LM.D. 2723 N. Charles St. (18)
PHYSICIAN'S / I A E B H E MISS OF	In TRAFA QUARIES OF PIRA
NAME (Type) V OUSEPH E, MUSE	OK X/XD IV. CHAKTED TA (18)
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
John T. Stanshuguele 411 Windson	M. 1/1 Rd DATE NOV 3 159 CINTURE CITTLE & Trans
10011/1 . Olatio Nat 4- 0 711 11/1/0301.	1). 1/1 Rd DATE NOV 3 '59 Circhan S. Krous

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Callery Service RA dogs VA		C 2/2 3/4/	
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# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL Diff OR: After this certificate has been signed by the attending physician and completely filled in by the manual director, page 3 should Defined for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	11053	CEKII	FICATE OF DEA	IH	Reg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY	Baltin	nore	LAND O. STATE MO	ryland	YTAUC	Setto
RURAL and give	parks	124	in 16 c. city or fown	of Curside corporate limits,	write RURAL and give n	earest town)
d. NAME OF HOSP OR INSTITUTION	String to	extreet address)  Rose	d Stris	igtown		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print)	A D	A G/V	1 CHANDLE	4. DATE OF DEATH	Nonth C	Pay Yeor
Female	whitew	MARRIED NEVER MARRIE	June 26, 1	883 9. AGE (In lost birt	hday) Manths Days	
during most of wo	ION (Give kind of work don rking life, even if refired)	ne 10b. KIND OF BUSINESS O	German	town, Pa	12. CITIZEN	S A
13. FATHER'S NAME	im E. n	rechan	14. MOTHER'S MAIDE	low Gr	aham	
15. WAS DECEASED EV [Yes, no. or unknown)	ER IN U. S. ARMED FORCES		Warren &	. Chand	ler Sa	ma.
	ATH [Enter only one cause ATH WAS CAUSED BY:	per line for (a), (b), and (c).	d 20	0	IN 01	TERVAL BETWEEN
157X	DUE TO	arani	may eve	of ancel	Ro.	
Conditions, if	101		(			
gove rise to couse (o), stating lying cause last	the under-					
PART II. O		TIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER) 201	b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury	in Port I or Part II of item	18.)	
20c. TIME OF INJU Haur o. m. p. m.		20d. INJURY OCCURRED While Not while of wark 0 of wark	20e. PLACE OF INJURY (Home, foctory, street, office bldg.,	orm, 20f. (City or town)	(County	y) (State
21. I certify to	hat I attended the de	eceased fram Capri	death accurred at		19.5.7., that I last	
	/ -		/	ADDRESS (Street, city of	r lawn, state)	DATE SIGN
ACTUAL SIGNATURE	Herhert	Mulley	M.O. Dlevel	rd- Pa	ehlon P-d	Jud.
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	C. HERBER	Mulley + MUELLER	Jr. HERE	rd- Pa	eklon P-d IRKTON P.C	Med.
PHYSICIAN'S	Oct 20,19.		M.D. Dlevef J2. HERE ETERY OR CREMATORY well Church, Cem	22d. LOCATION (City,	ARKTON P.C.  Tawn, or county)  Balto	). MO (State)

	SICATE OF DEATH		11053	
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054	CERTIFICATE	OF I	DEATH
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11019

	11054	CERTIFICAT	IE OF DEATH	Reg. Dist	. No.
)	1. PLACE OF DEATH  o. COUNTY  Beltimore	MARYLAND 2	2. USUAL RESIDENCE (Where decease o. STATE Maryland	5 COUNTY -	before odmission) nce George
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catons ville	LENGTH OF STAY IN 16  Lyr3mthldy	c. CITY OR TOWN (If outside corp		ve nearest lown)
4	d. NAME OF HOSPITAL (If not in hospitol, give street of NAME OF THIS INC.)	oddress) SPITAL	d. STREET ADDRESS  Block Bridge		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First OTCH TO THE PROPERTY OF THE P	Middle C <sub>O</sub>	Losi 4. DATE OF DEATH	Month October	Day Yeor 15 19 59
	s. sex 6. color or race 7. MARR female white widows		1892?		YEAR IF UNDER 24 HRS. Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) housewife	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign Virginia		S. A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Unknown		Unknown		
	[Yes, no, or unknown] [If yes, give war or dates of service]		ormant cords: SPRING G	Address ROVE STATE HO	SPITAL
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (b)  DUE TO	Cerebral vascula	c cardiovascular	di sease	INTERVAL BETWEEN ONSET AND DEATH
3	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
			(Enter nature of injury in Port I or Po		
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 White at world	Not while foctor	E OF INJURY (Home, form, 20f. (Ciry, street, office bldg., etc.)	ly or town) (Co	ounty) (Stole)
1	21. I certify that I attended the decease alive on Oct. 15 , 19  ACTUAL SIGNATURE SULLA WACHSIGNATURE PHYSICIAN'S NAME (Typo) Stella Wachsle  220 PRIAL CREMATION, 22b. DATE THEREOF 10/3/59	59, and that death o	SPRING GROVE Catonsville 2	im the causes and an the Street, city or town, stote) STATE HOSPIT	DATE SIGNED
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 13/	8 249 REC'D BY REGIS	STRAR 24b. REGISTRAR'S SIGI	NATURE

may be retained by the hospital or attending physician.

D FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 houry offer death. death. Page 4 **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OR MAY be retained to

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MARYLAND STATE DEPARTMENT OF HEALTH-BELTIMORE, TO-

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DIACE OF DEATH O. COUNTY Baltin			MARYLAND	a. STATE	ESIDENCE (W	/here decease		institutio OUNTY		Balt	115	
	If outside carporate limit	s, write c. LEI	NGTH OF STAY IN 16	c. CITY (	or town (If		orate limits,	write RL				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, gi Shady Noo N. Rolling I		s)		T ADDRESS							PARM?
NAME OF DECEASED (Type or print)	Firs		Middle	COMMED	Lasi	4. DATE OF DEATH		Mani		Day		Yeor
. SEX	6. COLOR OR RACE	JA RET	V.	B. DATE OF B		DEATH	9. AGE (I	Oct	IF UNDER	LYFAR		19 55
female	white	WIDOWED	DIVORCED	May 15	2000		lost bir	thdoy)	Months	Days	Haurs	Min.
Do. USUAL OCCUPATI during mast of war Homema	ON (Give kind of wark of king life, even if retired)	dane 10b. KIND	OF BUSINESS OR IND		HPLACE (Stote	e ar fareign	country)		12. CIT	IZEN OF	WHATC	OUNTR
3. FATHER'S NAME	ANGI				R'S MAIDEN	NAME						
Domin	ic M. Larkir	1			Margar	et Boy	le					
Yes, no, or unknown)	ER IN U. S. ARMED FORG (If yes, give wor or dates of se	CES? 16. SOCIA		r. Home	m C C		261	Addr	ess eston	D.J	hil	
gave rise to cause (a), stating lying cause lost.  PART 11. OT			BUTING TO DEATH BI	JT NOT RELATED	) TO THE TERM	MINAL DISEA	SE CONDIT	ION GIV	EN IN PAR	RT 1(a) 15	PERFO	RMED?
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCURI	RED. (Enter natu	re of injury in	Port I ar Pa	rt II of item	1B.)			123	NO L
20c. TIME OF INJU Haur o. m. p. m.	RY Month, Day, Yea	While h	OCCURRED 20e.	PLACE OF INJUI foctory, street, o			y ar town)		(	Caunty)		(Sta
alive an12	hat I attended the	deceased from 195 /	om 5 Sy, and that dea	th accurred	59, to 1 at 1 P	M, fram ADDRESS (	the cau	ses and			stated	
SIGNATURE	nux JA	Υ.	11		/			/				- 1
	EMILIT /	YENN,	NAME OF CEMETERY	MD	6	014	TION (City	NS	n	IAY	(C	29)

may be retained; the haspital or othending physicion.

O FUNERAL DIVERAL DIVENTOR: After this certificate has been signed by the othending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 thurs the reath. 

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of

death. Page 4

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# FOR STATE HEALTH DEPT.

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ory, please for. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is new yory, please execute the officials, writing the word "pending" in pendi in lem, 18. Give Pages 1, 2, and 3 to the funeral for. Page 4 should be arrived to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11023

Reg. Dist. No.

1, PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Baltimore						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Eastwood	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Eastwood						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 407 S. OZd North Point Rd.	d. STREET ADDRESS 407 S. Old North Pt.Rd ON A FARING						
3. NAME OF DECEASED (Type or print)  TOHN  First FRANCIS	COXON. A DATE October 29 1959.						
5. SEX Male  6. COLOR OR RACE White Widowed Divorced  1	DATE OF BIRTH  9. AGE (In years let under 14, 1878   9. AGE (In years						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  Box Maker	11. BIRTHPLACE (Slole or foreign country)  Baltimore, Md.  12. CITIZEN OF WHAT COUNTRY?  U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Francis Coxon  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Jane Hallworth.						
(Yes, no, or unknown) (If yes, give war or dates of service)	harles F. Coxon Same.						
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY						
200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Ed.	PERFORMED? YES NO  nter nature of injury in Part I or Part II of item 18.)						
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) pry, street, office bldg., etc.)						
21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner  ACTUAL							
EXAMINER'S / DACK C Collins	DEPUTY MEDICAL EXAMINER						
220. BURIAL, CREMATION, 22b. DATE THEREOF PRINTING SPECIFY 11-2-59. Mt. Carmel  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery 5712 O'Donnell St. BALTO, MD.						
Charles & Jailes BALTO, 24, MD	DATE NOV 2 '59 246. REGISTRAR'S SIGNATURE						

CERTIFICATE OF DEATH	CARBOXAMINER'S		
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Reg. Dist. No.

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IS RESIDENCE

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Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO I

(State)

DATE SIGNED

(Stote)

Days

(County)

2 VS A15 (4)

1957, that I last saw the deceased \_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DCT 2 6 '59 Cinthun & Kines 15M 10/57

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VS A15 (4) 15M 9/5B

7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,						
2/	11020	CERTIFICATE OF DEATH		R			
NACE OF BEATH		C MELLAL BESIDENCE AND	1 10 1 10 10 10 10				

### EDTIFICATE OF DEATH

1		1102	U	CEKTIFIC	AIE	T DEAL	П		Reg. Di	st. No.		
1.	PLACE OF DEATH a. COUNTY	Baltimore	nic pi	MARYLANE	II a STA		Where deceased	b. COUNTY	on: Residen	Rolf	re admissi	on)
	b. CITY OR TOWN ( RURAL and give no	If outside corporate limits, earest town)  Lansdown		TH OF STAY IN 11	c. CIT		f outside corpo	rote limits, write R	URAL and	give nec	prest town	
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give 2109 Smit)	street oddress)		d. STI	d. STREET ADDRESS 2109 Smith Ave					e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print)	First Ida	Me	Middle Da	venpo	rt_	4. DATE OF DEATH	Oct.	-	5 <b>,</b>	,	<sup>'ear</sup> 9 <b>59</b>
S.	SEX P.	197	MARRIED N	DIVORCED		. 20 , 19		9. AGE (In years last birthday) 35 yrs.	Months	Days	Hours	R 24 HRS. Min.
100	during mast of war	ON (Give kind af wark dan king life, even if retired) <b>PK</b>	Mason			Pa.	te or foreign co	ountry)	12. CIT	US.	A WHATC	OUNTRY?
13.	FATHER'S NAME		43841		14. MO1	THER'S MAIDEN						
		John M.Cla	ark			Lucy	Johns	on				
15. (Ye		R IN U. S. ARMED FORCE: {If yes, give war or dales of service		- The second second second	informani Ir . Dav		avenp	ort,210		ith	Ave	
	18. CAUSE OF DEA	ATH [Enter anly ane cause	per line for (o),	, (b), and (c).]	1	0					RVAL BET	
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARCI	MAMA	OF (	LAEC	UM			0143	LI AND	DEATH
	153,1	DUE TO								A	BOL	1
	Conditions, if o									1	4 40	25.
	gave rise to i cause (o), stoting lying couse lost.											
MEDICAL CERTIFICATION	PART II. OTH	HER SIGNIFICANT CONDIT	TIONS CONTRIBU	ITING TO DEATH E	UT NOT RELA	TED TO THE TER	MINAL DISEAS	E CONDITION GIV	'EN IN PAR	T 1(a) 1	PERFO	NO NO
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter no	oture of injury i	in Part I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Year 19		CCURRED 20e.	PLACE OF IN. factory, street	JURY (Home, fa , office bldg., e	orm, 20f. (City etc.)	or town)	(1	County)		(Stote)
	21. I certify th	nat I attended the d	eceased fram	n. 8/	18/, 19		10/2	5/, 1959	that I lo	ist sav	v the de	eceased
	alive an	10/25/	1959	, and that dec	th_occurre	d of 630	A'M, fram	the causes on				
	ACTUAL SIGNATURE	William	71.9	muse n	M.D	2436	WAS!				10/2	SIGNED
	PHYSICIAN'S NAME (Type)	VILLIAM	1.1	IUSE !	M.j).	Ba	lt= 3	o My	/			
220	REMOVAL (Specify)			ame of cemetery  fret Ma		emeter	22d 3QCA	Bury town	county)	R.A.X	(Stote	•)
23.		's signature ineral Dir		oress Idmonds	n Ave		OCT 2 8		STRAR'S SI			
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

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PLACE OF DEAT     O. COUNTY	H Pal timor	е	MARYLA	0.5	TATE  Maryla	-	lived. If institution b. COUNTY	on: Residence before Bal timo:		)
b. CITY OR TOW RURAL ond gi	/N (If outside corporate limit ve nearest town)  Overlea	ts, write c	. LENGTH OF STAY IN	1b c. C	Overl		ote limits, write R	URAL ond give ne	earest fown)	
d. NAME OF HO	OSPITAL (If not in hospital, g	ive street ad		d. :	STREET ADDRESS	Glenmon	re Asre		e. IS RESIDE	LRM?
2 214445						4. DATE				-42
3. NAME OF DECEASED (Type or print)	Fire Ha:	rry	Middle C •	Dav	vis	OF DEATH	Mon Oc	t. 14,		59
s. sex Male	6. COLOR OR RACE White	7. MARRIEI	NEVER MARRIED  DIVORCED	_	of Birth	1869	9. AGE (In years lost birthdoy) 9() yrs.	Months Days	Hours	Min
Oa. USUAL OCCUP	ATION (Give kind of work of	done 10b. KII	ND OF BUSINESS OR				untry)	12. CITIZEN C	F WHAT COL	JNTF
Cle			P. R. R.			more, Mo	d.	USA		
3. FATHER'S NAME				14. M	OTHER'S MAIDEN	NAME				
	William H.	Davi	S		Cath	erine V	V. Rale	y		
S. WAS DECEASED	EVER IN U. S. ARMED FOR		CIAL SECURITY NO.	INFORMA	NT		Add	ress		
No. No. or unknown)	(If yes, give war or dates of se		7-07-7632	Mrs. Be	ernard O	Brien	4407 G	lenmore	Ave.	
Conditions, gove rise to couse (a), sto lying couse 1  PART II.  20a. ACCIDENT	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  if ony, which o immediate ting the under- ost. (c) OTHER SIGNIFICANT CONI	) DITIONS <u>CO</u> I	Orli Orte  NTRIBUTING TO DEATH				CONDITION GI	COASL  ZA  VEN IN PART 1(0)	19. WAS AU PERFORM YES N	AED?
	TIFY MEDICAL EXAMINER)  NJURY Month, Doy, Yeo	or 20d, INJ	URY OCCURRED 20		NJURY (Home, fo		or town)	(County	)	(Sto
P. P.	m. 19		ot work							
actual SIGNATURE PHYSICIAN'S	from 1 attended the	deceased , 19.5	-		19.59, to red al. 225, 2623	LM, fram 1 ADDRESS (Str		that I last said an the dat stote)		ba
NAME (Type)_ 220. BURIAL, CREM. REMOVAL (Spe RUTIAL	ATION, 22b. DATE THEREO	) F   1	22c. NAME OF CEMETE		TORY	22d. LOCAT	ION (City, town,		(Stote)	
23. FUNERAL DIRECT		Home	ADDRESS 9461 A	Bolaii		CT 1 9 '59	RAR 24b. REGI	STRAR'S SIGNATI	JRE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naurs of gradum. Tuge may be retained the haspital ar attending physician.

TO FUNERAL DE TOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directal page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 faurs afterdeath.

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23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

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ADDRESS

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24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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CERTIFICATE OF DEATH

<u> </u>	21002	02.00.00			Reg. Dist	. No.
1.	PLACE OF DEATH O. COUNTY RALTAGOR	MARYLAND	2. USUAL RESIDENCE (Whe		OUNTY	before admission)
-	DALIMORE		CITY ON TOWN W		ALBOT	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	iside corporate limits		4.
L	CATONSVILLE		ST. M	ICHEALS	20	
	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION HOUSE, IN THE P	oddress)	d. STREET ADDRESS			IS RESIDENCE     ON A FARM?     YES    NO
=			1	4. DATE		
	NAME OF DECEASED (Type or print) Richard	Middle S.	Dodgon	OF DEATH	Month 10	17 19-57
5.	SEX 6. COLOR OR RACE 7. MARR WIDOWE	TO THE VER WARKIED TO	AUG. 3, 1863	P. AGE (last bit	n years IF UNDER I Months (	Doys Haurs Min.
10c	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State o	r fareign country)	12. CITI	ZEN OF WHAT COUNTRY
	SENATOR	STATE GOV'T.	MARYLAN	40		0.5
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
	RICHARD S. DODS	TI Lock	MARIA	F. PF	ELTZ	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
{Ye	s. no. or linknown) (If yes, give war or dates af service)	- M	25. MARIE D. 1	MULLIN	233 E.	JNIV. PKWY.
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]	~			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	or artial	marchion	7		7 da:
	420.1 DUE TO		0			
	Conditions, if ony, which ) ( )	- N./.				10-2,3
	gave rise to immediate DUE TO	enon-rece	V-25-0			1
	couse (o), stoting the under-	india dan	time as along			103.2
z	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMIN	IAL DISEASE CONDIT	IONI CIVENI INI BART	1/21/10 WAS AUTOPSY
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAC DISEASE CONDIT	ION GIVEN IN PAKI	PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Port II of iten	18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. In Hour o. m. 19 While of worl	Not while for	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)		(Co	ounty) (State)
	21. I certify that I attended the decease	ed fram $7-1$	9- , 1959, to 10	9-17	1959 that I le	ast saw the decease
	olive on 10 -17 . 19-2	9 and that death	occurred ot4.40 Fi	3		
	/	//		DDRESS (Street, city		DATE SIGN
3	ACTUAL SIGNATURE Welson K. Ja	llager	M.D. 6209 Ex.	ederich	Ave.	10/17/59
	PHYSICIAN'S WILMEY K.G.	allager	Baltim	ore-28	- M	4.
22	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (Cin	, town, or county)	(Stote)
	PREMOVAL (Specify) 10-20-59	GREENMOUN	71	BALTO.		Mo.
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 2	b. REGISTRAR'S SIG	
11	1. W JENKINS & SONS (O.	4905 YOUV V	DAD DATE	12159	Costing S.	Kraus
Ш	· M. MEIALING & COLAR CO.	The Total of				

may be retained by the haspital or attending physician.

O FUNERAL L. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauloge detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO FUNERAL D VS A15 (4) 1SM 9/5S

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**CERTIFICATE OF DEATH** 

11029

11062 

Rea. Dist. No.

1. PLACE OF DEATH a. COUNTY			TT				
	Baltimore	MARYLAND	2. USUAL RESIDENCE (When			Baltim	
b. CITY OR TOWN (If RURAL and give ned Baltimore	autside carporate limits, write arest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our		ts, write RUI	RAL and give ne	arest town)
d. NAME OF HOSPITA OR INSTITUTION	(If not in hospital, give street) 732 Beechfie		d. STREET ADDRESS	chfield	Ave.		e. IS RESIDE ON A FA YES N
NAME OF DECEASED (Type or print)	arbara S. NX	MEXING Doeri		4. DATE OF DEATH	Month Oct.	3,	y Year
female	6. COLOR OR RACE 7. MAR White WIDOW		B. DATE OF BIRTH  July 22, 187	. last h	1 11 1	Months Days	Hours
Housewif	N (Give kind af wark done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Maryland	r foreign country)		U.	S.A.
	Lorenc Limme IN U. S. ARMED FORCES? 16. f yes, give war or dates of service]	SOCIAL SECURITY NO.	NFORMANT Louis Doerin	seive sa	Addres	Bartho	
450.0	H WAS CAUSED BY: IMMEDIATE CAUSE (0)  DUE TO	Teneraliz	ref arter	roscil	NOS	10	SET AND DE
Conditions, if an gave rise to im cause (a), stating the lying cause last.	DUE TO  y, which mediate he under- (c) DUE TO  (c) DUE TO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDI	TION GIVE		19. WAS AUT
Conditions, if an gave rise to im cause (a), stating the lying cause last.	DUE TO  y, which he under.  ER SIGNIFICANT CONDITIONS  OUNDERLYING CAUSE OF DEATH  TO CAUSE OF DEATH  DUE TO  10 CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT					
Conditions, if an gove rise to im cause (o), stating the lying cause last.  PART II. OTHE  20a. ACCIDENT WAS OR CONTRIBUTING I	DUE TO  y, which the under.  ER SIGNIFICANT CONDITIONS  OUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)  Manth, Day, Year 20d. I While	CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  20e. PL		ort I ar Part II af ite	em 1B.)		19. WAS AUT PERFORMI YES N
Conditions, if an gave rise to im cause (a), stating the lying cause last.  PART II. OTHE  20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A LOUR LAND CONTRIBUTION CONTRIBU	DUE TO  y, which the under. (b)  ER SIGNIFICANT CONDITIONS  G UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER  Manth, Day, Year 20d. I While of war at I attended the decease of the under	NJURY OCCURRED Not while of work	D. (Enter nature of injury in Pa  ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)  19 4 10 10 10 10 10 10 10 10 10 10 10 10 10	20f. (City or town 20f. (From the column to the column the column to the	19.19,th	(County)  that I last san an the date Packs  August 1	19. WAS AUT PERFORMI YES N

death. Page 4 TOR: After this certificate has been signed by the attending physicion and campletely filled in by the funerol director, detached for use as the burial-tronsit permit. Then please remave carbon popers. Pages 1 and 2 shauld be filed with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained the haspital or attending physician.

TO FUNERAL DIVIDIOR: After this certificate has been signed by the attending physicion and camplet page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs ofter death

TO HOSPITAL OF

VS A1S (4) 1SM 9/SB

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		account of the	
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	SAN Y TASK COMPANY		
e: nev A	Land Acts Williams	Mart Past M. D.	
	Lakenner Josefery Nal (a Avenue		

# FOR STATE

TO DEPUTY EXDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deltanguate please executed within 24 hours after death. If any deltanguate please executed within 24 hours after death. If any deltanguate please executed within 24 hours after death. It is a should be "Xwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. It is a should be used as a buriel-transit permit. Fire pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

i. PLACE OF DEATH 11001	2. USUAL RESIDENCE (Whare dacaased livad, If institution: Rasidenca before edmission)					
Baltimore Maryland	• STATE Maryland b. COUNTY Baltimore					
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, writa RURAL and give nearast town)					
write RURAL and give nearest town)						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address)	X Idlewild  d. STREET ADDRESS  1 0. IS RESIDENCE					
	ON A FARM?					
6315 Banbury Road	6315 Banbury Road YES NO X					
3. NAME OF First Middla DECEASED	Last 4. DATE Month Dey Year					
(Type or print) MARGARETHA LUCILLE	DRECHSLER DEATH October 16, 1959					
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH . 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.					
77.24	pr. 2 . 1894   last birthday   Months Days Hours Min.					
10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTRY						
dona during most of working life, even if retired) Housewife	N V					
13. FATHER'S NAME	N. Y.  14. MOTHER'S MAIDEN NAME					
W2277 15-2						
Maximillan Waizman  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17. IN	Leonora Kilgen NFORMANT Address					
(Yas, no, or unkown)   (Ifyes giva war or datas of service)						
	. Ernest F. Drechsler - 6315 Banberry Rd.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY, IMASSIVE thoracic hem						
45/X DUE TO rupture of dissecti	ing aneurysm of aorta					
Conditions, if any, which \ (b)						
geve rise to immediata cause						
(a), stating the undarlying DUE TO	DIDETIN					
cause last. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO BEATH BUT NOT	PERFORMED?					
CAI	YES NO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING	ntar natura of injury in Part I or Part II of itam 18.)					
CAUSE OF DEATH.						
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)					
at week at week	PARTTAT,					
21. I certify that I took charge of the remains described above, help						
death resulted from: Natural causes X, Accident , Suicident						
	CHIEF MEDICAL EXAMINER					
SIGNATURE Wille MARKET	M.D. ASSISTANT MEDICAL EXAMINER X					
EXAMINER'S LIZZZZ AND TO THE DESCRIPTION OF THE PARTY OF	DEPUTY MEDICAL EXAMINER 10/16/59					
NAME (Type) WILLIAM V. LOVILL, Jr., M.D.	Address (Streat, city, town, or county)					
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR						
Burial 10/19/59 Woodlawn Cem	Woodlawn. Mt. Wernon New York					
23. FUNERAL DIRECTOR) ADDRESS						
Old has I lind up I done Bus	OCT 1 9 159 DATE  246. REC'D BY REGISTRAR 246. REGISTRARIS SIGNATURE  246. REC'D BY REGISTRAR 246. REGISTRARIS SIGNATURE					
The french with which were	Y// I DATE					

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STATO-TO AVAILABLE WEEKGAANG PARKES 1931 . W . was he was a construction of some · · · in the second of the sec e Limenuch nomain neithericon The street of the contract of the street of named to many thems with the suggested as a selection to the LEAT TOWN IN THE SECOND TO SECOND SEC 11/2/19 100 150 150 Car. not will by the Databar, and the

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BA	ALTIMORE,	18

11009	CERTIFICATE O	F DEATI
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Reg. Dist. No. 11031

o. COUNTY  Baltimore  MARYLI	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Marvland Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Dundalk 22	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  53 Dundalk 22
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3143 Baybriar Road	d. STREET ADDRESS 3143 Baybriar Road  o. 15 RESIDENCE on A FARM? YES \( \sigma \) NO (3)
3. NAME OF First Middle DECEASED (Type or print) KOERT ++++	DUBOIS  4. DATE Month Doy Year OF DEATH October 6th, 1959
5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   MIDOWED   DIVORCED	Oct. 11th, 1892 66 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Tool Crib Aircraft	INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Florida  12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME Henry K. DuBois	14. MOTHER'S MAIDEN NAME Florence Bracey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 2010. 16. SOCIAL SECURITY NO. 2010. 201	17. INFORMANT Address  Veda K. DuBois same as #2
<b>8</b>	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING LI CAUSE OF DEATH	URRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20 While Not while of work of work	de. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on O.C. 19.5.9, and that deceased from Actual SIGNATURE FOR PHYSICIAN'S NAME (Type) Eagene F. Nevy, M. D.	ADDRESS (Street, city or town, stote)  Months and stored abave.  ADDRESS (Street, city or town, stote)  M.D. 7001 Mornington Road 10/8/59  Baltimore 22, Maryland
	Cemetery Port Orange, Florida
23. FINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Dradley, Day	dalk 22 DATEOCT 1 3 '59 Colling & Thomas

VS A15 (4) 15M 9/55

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					N. C.
					Sand and the sand of the
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		Serption L			Note to the planting
Healt .		A 30			
				Entraction Co.	

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retain by the haspital ar attending physician.

TO FUNERAL D. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please repower carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 7/2 hours ofter death.

VS A1S (4) 1SM 9/S8

School See 4 105 110. Charles Sx

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 10b FilmG252 11-23-59 et

11032

4		1106	5	CERT	IFICA	TE OF C	DEATH			Reg. D	ist. No.		
1.	PLACE OF DEATH	imore		MAI	RYLAND	2. USUAL RESI		ere deceased	lived. If institution b. COUNTY		nce befo		ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore  c. LENGTH OF STAY IN 18  Life						imore	itside corpoi	rate limits, write R				n)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4403 Kenwood Ave.					/ d. STREET A	Kenwo	od Av	e.				FARM?
	NAME OF DECEASED (Type or print)	Harry	rst	Midd Boggs		Durgin	st	4. DATE OF DEATH	Octobe		30	•	Year 19 <b>59</b>
S. :	Male	6. COLOR OR RACE White	7. MARR	DIVORO		Nov. 1			9. AGE (In years lost birthday) 69 yrs.	Months Months	R 1 YEAR Doys	Hours	Min.
	Shearer	N (Give kind of work ing life, even if retired	1 49	kind of shriness	,0,0,0,	/ Balt	0., M	id.	ountry)	12. CI	U.S	A.	OUNTRY?
13.	FATHER'S NAME William	Durgin			a <sub>q</sub>	14. MOTHER'S	en Ros		ek				
	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)	SOCIAL SECURITY N		ormant arie Du			Kenwood				71
TION	Canditions, if ar gove rise to it cause (o), stoting lying couse lost.  PART II. OTH	nmediate (	co	terio se on Bri	clerion Clark	otic s	Hear C A OTHE TERMIN	sth.	LLA CONDITION GIV		RT 1(a) 1	PERFC	RMED?
CERTIFICA	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED.	(Enter noture o	of injury in Po	ort I or Port	III of item 18.)			YES [	NO X
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Doy, Ye	ar 20d. IN While of work	NJURY OCCURRED  Nat while of wark		CE OF INJURY ( pry, street, office			or town)		(County)		(State)
22	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	A	ig, and the	M	0. 310 Ba	59	M, fram  DORESS (St	30-, 1959, the causes an reet, city or tawn, harlos	d an th		stated DAT	abave. TE SIGNED
	BURIAL, CREMATION REMOVAL (Specify) Burial	11-3-59	)r	Immanuel	Luth	CEMATORY		Balt		Мс	-	(Stot	(e)
23.	Lassann	Sund to	297	401 Blu	his	Ed.	24a. REC'D			Lathua			

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# FOR STATE HEALTH DEPT.

TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delatecessary, please executations to certificate, writing the word "pending" in pendi in Item 18. Give pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form, M3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any event within

2

2

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	37/104						
1. PLACE OF DEAT			2. USUAL RESIDEN		L COUNTY	Residence	
	imore	MARYLAND	Maryı	and	Ba.	TUTIEO	re
write RURAL en	(if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 16	J,		limits, write RURAL	end give ne	serest town)
Rela		20.4. 2	Relay				IC BECIDENCE
	ITAL OR INSTITUTION (if not in hosp	ollet, give street eddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
5105 3. NAME OF	S. Rolling Road	Middle		S. Rollin			YES NO X
DECEASED			Last	4. DATE	Month	Dey	Yeer
(Type or print)	THOMAS	SIDNEY	EARP	DEATH	October	29,	1959
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B	. DATE OF BIRTH		E (In years   IF UNDE		IF UNDER 24 HRS.
Male	White WIDOWED		Det. 9, 18	73 8	6 yrs.	Deys	Hours Min.
	orking life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	1 12. 0	ITIZEN OF	WHAT COUNTRY?
ROPK	RIETOR GRO	OCERY STOR	E MAI	RY/ANC	1.	U.	S.A.
13. FATHER'S NAME	11	6/	14. MOTHER'S MAIDEN	MAME	1.	,	4
	EdWARD L	-ARD		20	LIE N	EWI	TON.
	VER IN U.S. ARMED FORCES?   16. S (Ifyes give wer or detes of service)	SOCIAL SECURITY NO. 17.	NFORMANT		Address	8011,	Na Rd
No	21	2-03-48851	RS. BERTHA	EARD	5105 RRig	GE	27. Md
	DEATH [Enter only one cause per lin	ne for (e), (b), end (c).]				/ INTE	RVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arter	losclerotic ca	rdiovascular	disease		0143	EI AND DEATH
422.1	XXXXXXXX					(F) 40.	
Conditions, if en	y, which \ (b) Fracti	re dislocation	n of 4th cer	vical ver	tebra		
geve rise to immed	liete ceuse						
(e), steting the u							PARTIAL.
	R SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	PT 1(a): 19	
PART II. OTHE  200. EXTERNAL C. PRIMARY   or CO. CAUSE OF DEATH.	K SIGNIII CAN CONDITIONS CON	TAIDOTTA TO DESTRICT	TREETIES TO THE TERM	INNE DISENSE CON	DITION CITCH MY PA		PERFORMED?
200. EXTERNAL C.	ALISE WAS 1 206 DESCRI	BE HOW INJURY OCCURED, (I	inter nature of Injury in Pa	rt I or Part II of itam	18.)	YE	ES X NO
PRIMARY OF CO	ONTRIBUTING				10.1		
			n steps at h		100		40
20c. TIME OF INJU	While		CE OF INJURY (Home, fer ory, street, office bldg., etc.	c.)		ounty)	(State)
XOOK X	10/29/ 1959 et work	at work X	House PART	TAL Rela	y Bal	timor	e Md.
21. I certify t	hat I took charge of the rema	ains described above, he	ld an Autopsy X,	Inspection,	Inquiry ,	and i	in my opinion
death resulted	from: Natural causes	Accident X , Suic	ide, Homicide	Undete	rmined manner		
A STREET	11. 1/	W -	CHIEF MEDICAL	EXAMINER			
ACTUAL SIGNATURE	William Urtour	XX	M.D. ASSISTANT MEL	DICAL EXAMINER	2	DA	ATE SIGNED
EXAMINER'S			DEPUTY MEDICA	L EXAMINER		10/29	/59
NAME (Type)		tt, Jr., M.D.		city, town, or count			
22a. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION	(City, town, or count	ry)	(Stete)
BURIAL	10/31/59.1	YEIVILLE MELL	hodistiem.	EIKI	PIDGE.	27,	Md.
23. SUNERAL DIRECTO	IR O O +	ADDRESS	24e. RE	C'D BY REGISTRAR	246. REGISTRAR'S	SIGNATUR	<b>KE</b>
Gaston.	Aous Calon	welle 28, 1	noc DATE	10V 4 '59	arthur	2.4	

Food and Clot .2 Hogh S105 3. Rolling Ross orest valuate might ales . At a sacratified taken in page and the transfer to the Very Very Co. 25/29/05 The day of the property of the state of the same 

VS. A15-

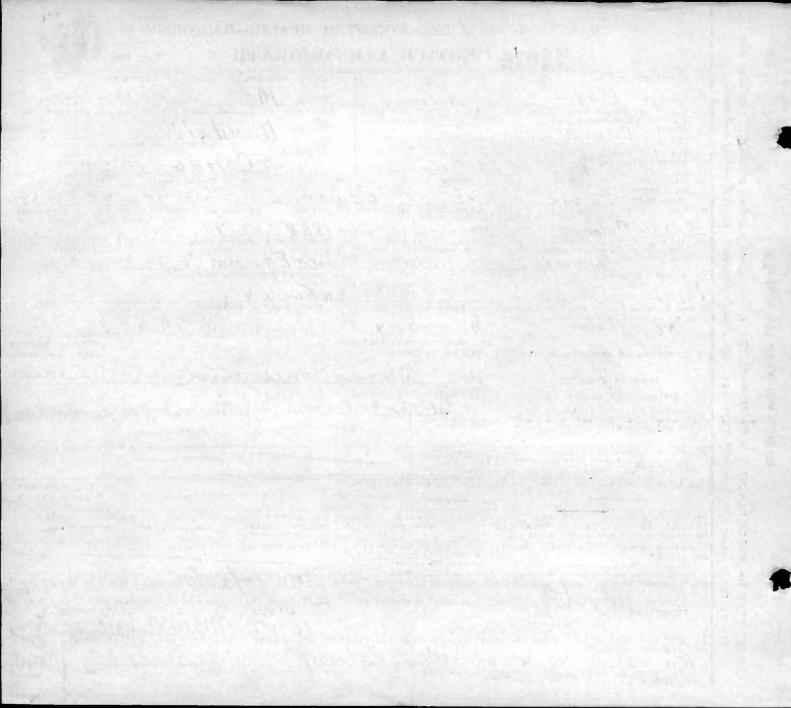
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11034

Reg. Dist. No.

11010 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Balta MARYLAND	STATE Md, COUNTY BALLO.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) (in this place)	OR NIIK
TOWN DUNGAIN	53 TOWN DUNGALA
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
X STREET ADDRESS 7 CA++AGE AVE.	7 Cottage Ave
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Yesr)
DECEASED:	OF
Type or Print) SUSTE 5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9 AGE last birthday IF UNDER 1 YEAR OF BURDER 1
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
Lemale Colored (Specify) Mannied 1-2	6-1888 70 yrs.
OA. USUAL OCCUPATION (Give kind of No. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
even If retired): Domestic At home	Prima Famoud Co 1/2 COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
W. T. D.	V MAINE HAME.
MENRY Jachson	CINTINOWN
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Pan Duance 718 Md. Box 122
18. MEDICAL CERTIFICA	TION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN ONSET AND DEATH
11/1/1X	
IMMEDIATE CAUSE (A)	us mumous says
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B)	claras Lubertinen Hubralel 1116.
GIVING RISE TO THE ABOVE CAUSE DIE TO	The state of the s
STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	ON 20. AUTOPSY?
	YES NO TA
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fa	ctory. 21c. WHERE DID (City or town) (County) (State)
21A. ACCIDENT WAS UNDERLYING \( \bigcup \) 21B. PLACE (Home, farm, fa OR CONTRIBUTING \( \bigcup \) CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY While While at work at work	
22. I hereby certify that attended the deceased from 10°	2-10-10-10-10-10-10-10-10-10-10-10-10-10-
22. I hereby certify that I attended the deceased from 7.0	21, 1957 to 1972,6439, that I last saw the deceased
alive on SIGNATURE, and that death occurred a	M, from the causes and on the date stated above ADDRESS
Thomas an	M.D. 107 n. May 81. 12th 222 2
	TERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	1 10 0110
Buriai 10-29-59 Mount Ca	IVary HANNE Hrundel Co., Ma.
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	27. FUNERAL DIRECTOR ADDRESS
LESTOP IN TO	Noutaball took and 1412 to be the It.



16

1. PLACE OF I

NAME OF DECEASED

(Type or pr 5. SEX femal 10a. USUAL O

13, FATHER'S I

15. WAS DECE no 18. CAUS

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

10-14-59

death. Page

cremotion,

the registror

ATTENDING PHYSICIAN: The law requires that the death certificate be

	11066	AND			TE OF DEATH	4	TIMORE, 1	8 Reg. D		110	35
o. COUNTY Ba.	ltimore		MARYLA	ND	2. USUAL RESIDENCE (WHO O. STATE Mar	yland	d lived. If institution b. COUNTY	_	nce befo		on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville  L22r9mth16dys					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Govans, Maryland						
OR INSTITUTION	AL (If not in hospital, g		oddress) SPITAL °		d. STREET ADDRESS  Govans	Mary	land				DENCE FARM? NO
NAME OF DECEASED (Type or print)	Fir Lydi		Middle		Lost Ehman	4. DATE OF DEATH	Mont		2		9 59
female	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED  DIVORCED [	_	1886 ?		9. AGE (In years last birthday) 72 yrs.	Months	Days	Hours	R 24 HRS. Min.
during most of work	ing life, even if retired)	lone 10b.	KIND OF BUSINESS OR I	INDUS	TRY 11. BIRTHPLACE (Slote Mary:		country)			· A.	COUNTR
FATHER'S NAME Che	rles Ehman				Sarah Ida		ihunt				
	R IN U. S. ARMED FOR (If yes, give war or dates of so		social security no. Unknown		cords: SPRIN	G CIRC	Addre VE STATE		SPI	TAL	
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ass	teriosclerot	ic	cardiovascul	ar di	sease			ERVAL BET	
11 - /											

DUE TO Generalized arter iosclerosis Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Intertrochanteric fracture of left femur YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) on 6-19-59 slipped 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) on wet floor and fell striking left hip 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) 8:35p. m. 19 59 While Not while hospital Catonsville 28. 21. I certify that I attended the deceased from. June 19 and that death occurred a 2:35p. M, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE

> Stella Wachsler, M. D. 22c. NAME OF CEMETERY OR CREMATORY

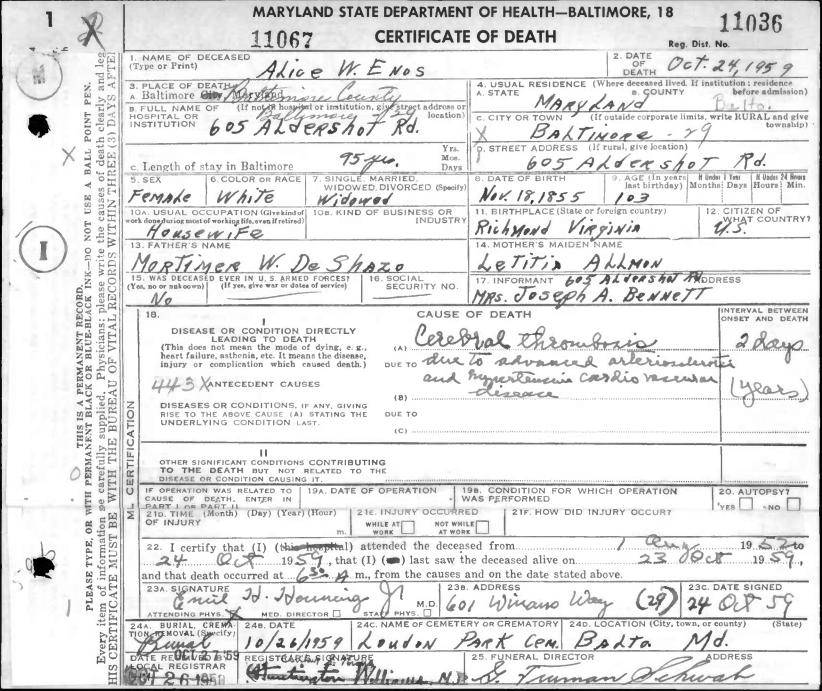
Catonsville 28. Maryland 22d. LOCATION (City, town, or county)

SPRING G ROVE Catonsville 28, Md. **ADDRESS** 

240. REC'D BY REGISTRAR OCT 1 5 '59

246. REGISTRAR'S SIGNATURE

 If the property of the property o made proof will all an incompany at mall Made City to be proved the Manager at 1988 1 Designated of the state of the



TORY TO CERPERALE OF DEATH

STORTLAND HOW TO THIN BUILD BY LEGISLAND

and provide the fact that the same than

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11037

11068 CERTIFICATE	OF DEATH	
11000	Reg. Dist.	No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY BAGTIMARYLAND	MATTERYLAN DOUNTS AL 7	IMORE
CITY (If outside componers limits, write RURAY LENGTH OF STAY OR and give nearest town)	CITY (If outside corporete limits, write RURAL end give neers	ist town)
TOWN 16/EHICS	XIVES OAKLEE N	LAGE
HOSPITAL OR INSTITUTION OR STREET ADDRESS / 68 PAKLEE VILLAGE	STREET (If rurel give tocation) ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Day) (Year)
(Type or Print) NENA MAY EN	150 R DEATH COST	9 1950
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, SACE A TE SACE A T	18/10/14 01/ Months	YEAR   IF UNDER 24 HRS. Deys   Hours   Min.
	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
done during most of working life, even if	F-RENFRICK COUNTY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.0.
JOSHUAH, SUNDERGILL	CORNELIA DUDI	DERMP
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	MI
(Yes, no forfugk.) (If Yes, give yer or deles of service)	MRSE, POWELL DAR	(LEE VILLE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
422/IMMEDIATE CAUSE (A) Cardia y	a soular Disease	zyn,
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)	ic. WHERE DID INJURY OCCUR? (City or town) (County	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 2 While Not while at work 4 work 1	16. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Cert. Y	, 1957, to Oct. 8 , 195 7, that I	ast saw the deceased
alive on 6 cf. 7, 19.59, and that death occurred at A		
SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETERY OR C	12 predical ATE Blog	Oct. 8/07
REMOVAL (SPECIFY)		(Stete)
DORIAL 10/13/59 LINGAN		DDRESS 201
OCT 1 2 159 Octon & Kouse	ON Matter & line for	L' The
DATE DELL'S SS CARONIA DE PORTO	NO MUSALU SUNO SCHOOL	GIAUN

INSTRUCTIONS

O FUNERAL DIRECTOR: The law requires that the death certificate be filed with the certificate has been executed by the attending physician and completely death certificate assembly should be detached for use as a burial transit pet

A15C 1-55 10M

THEN CERTIFICATE OF DEATH

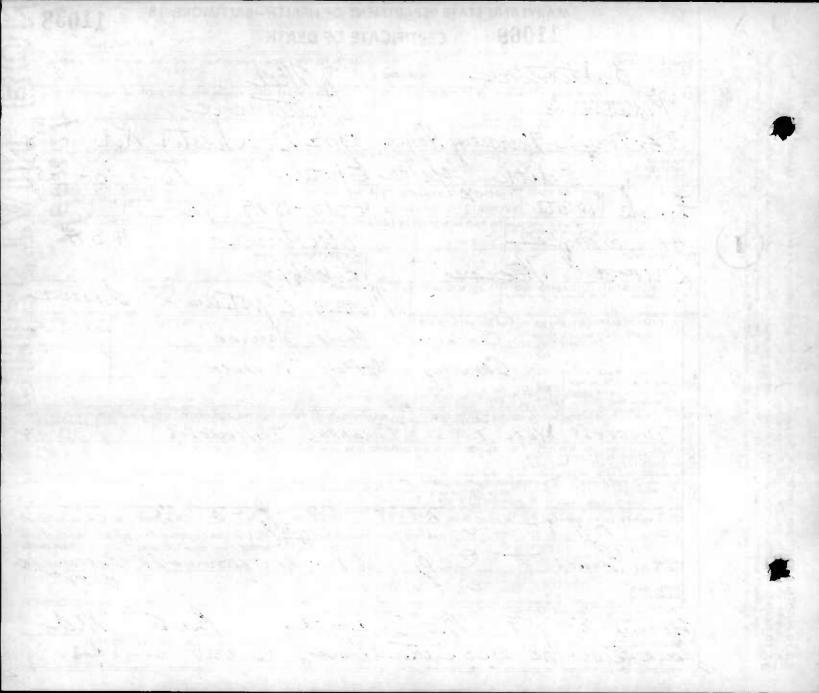
VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

11038 Reg. Dist. No.

	-			
1	1. PLA	COUNTY Baltimore MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	before admission)
	b.	CITY OR TOWN (If outside corporate limits, write RUKAY and give nearest town)	c. CIT OR TOWN (If outside corporate limits, write RURAL and give a support of the support of th	ve nearest town)
	d.	NAME OF HOSPITAL (If not in hospital, give street address)  OK INSTITUTION  Toxing Home	- 3302 Downester Ko	e. IS RESIDENCE ON A FARM? YES NO
	DE	AME OF ECEASED (Spee or print) Eath Getta	Epotein 4. DATE Manth OF DEATH	6- 1959
	5.50	male White WIDOWED DIVORCED	4-10-1889 lost birthdoy) Months C	YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. L	USUAL OCCUPATION (Give kind of work done downs most of working life, even if retired)	USTRY 11. BIRTHPIACE (Style or foreign country) 12. CITIZI	S A
	13. FA	David Keiss	14. MODIFIER'S MAIDEN NAME	
	15. W. (Yes, no	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	Orris Epstein - 1	lame
	16	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  CONCESTIVE	HEART FRILLE	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate (b) CEROWALY A	PRTELY DISHASE	148
		couse (a), stoting the under-		TA TAG MAS AUTORSY
)	CERTIFICATION	DIRECTES MELL ITUS 2 C	EREBRAC THLOMBOSIS.	PERFORMED?
		OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	Hour o. m. While Nat while of work of work	octory, street, office bldg., etc.)	(Stote)
		21. I certify that I attended the deceased from Aucus 77 alive an OST 6 , 1954, and that deat	h accurred at 450 M, fram the causes and an the	t saw the deceased date stated above.
		ACTUAL Francs & Daly	ADDRESS (Street, city or town, state)  M.D. 1725 RECSTERSTOWN RD M	DATE SIGNED
1		PHYSICIAN'S NAME (Type)		9077
	no.	FURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF PREMOVAL (Specific to -8 - 9	OR CREMATORY 22d. LOCATION 18thy, town of country)	Mistore
	23 9	ark Lewis me 2100 Entan	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE STATE STA	



	11070 CERTIFICATE OF DEATH	Reg. Dist. No. 11039
1.	PLACE OF DEATH o. COUNTY Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE Md. b. COUNTY	: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville  6 yrs.  6 yrs.	RAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  6001 Cecil Ave.  6001 Cecil Ave.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) William Frances Fanning 4. DATE Month Of OF DEATH October	Doy Year 21, 19 59
	Male White WIDOWED DIVORCED July 19. 1891 68 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	during most of working life, even if retired)  Gas, Station Operator American Oil Co. Cincinnati, Ohio	12. CITIZEN OF WHAT COUNTRY
	Frank W. Fanning  14. MÖTHER'S MAIDEN NAME  Mary Agnes Iglehar	t
IS IX	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  No   If yes, give wor or dotes of service)   213-05-6424   William F. Fanning, Jr. 390	2 Buckingham R
	18. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c)]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Under the Cause Cau	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-	hyeus
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20- ACCIDENT WAS HARDEN WAY OF THE PROPERTY HOW IN HIRE OF	
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. js. p. m. 19 20d. INJURY OCCURRED While Not while of work of twork of two the control of two	(County) (State)
		that I last saw the deceased on the date stated above DATE SIGNER
/	PHYSICIAN'S NAME (Type) /Salta 7 / Z	y 10.23
	20. BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY BUILDING (City, town, or Bulling) Baltimore	county) (Stote)
23	EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR DATE OCT 26 59	AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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11040

11071	CERTIFIC	ATE OF DEATH	1 Reg. (	Dist. No.
1. PLACE OF DEATH o. COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived. If institution: Resid b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL on 1 timo re 3 Vo	
d. NAME OF HOSPITOTO THE MINISTRUCTION TO THE PROPERTY AND PROPERTY AN	ttes.	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) REBA	Middle RALLYA	Lost FARRELL	4. DATE Month OF DEATH OCT	Day Year 18. 19 59
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED	237	8. DATE OF BIRTH Apr. 25, 189	9. AGE (In years IF UND lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of warking life, even if retired)	at home		or foreign country) 12.C	ITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Silas F. Rallya		Rosa Hoge	NAME	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		INFORMANT	Address Farrell = 3717 W.	Garrison Ave.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-</u> lying cause lost.  DUE TO  (c)	Cerebro	ascular	Sclerosis	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO  PART III. OTHER SIGNIFICANT CONDITIONS CONDI				ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	rgn i ar ron ii or iiem ib.;	
20c. TIME OF INJURY Manth, Day, Year 20d. IN. Hour o. m. P. m. 19 of wark	Nat while fo	LACE OF INJURY (Home, farm actory, street, affice bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an			M, fram the causes and an tabbass (Street, city or town, state)	last saw the deceased he date stated abave DATE SIGNED
220. BURIAL, CREMATION, Page 10/21/59	22c. NAME OF CEMETERY (		22d. LOCATION (City, town, or county Balto, Md.	(Stote)

D FUNERAL CANCTOR: After this certificate has been signed by the attending physician and campletely filled in by Mis funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs. y the haspital ar attending physician. TO HOSPITAL OF TO FUNERAL C

death. Page 4

VS A1S (4) 1SM 9/5B

TOURS SERVING SERVING tel tre sent numerous de 1476 il 1476 de sent tre. The state of the s . 15-57 may 1 1 1 16 10 38 11 12 12 . or a northware . Tark - Grass bomes . . . an

e. IS RESIDENCE

Day

Doys

(County)

ON A FARM? YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NOW

> > (State)

(Stote)

week

12. CITIZEN OF WHAT COUNTRY?

0 VS A15 (4) 15M 9/55

INT OF HEALTH-BALLIMORE, IS	MARYLAND STATE DEPARTMENT OF HEALTH-BALLINGRE, IS							
TE OF DEATH	CERTIFICA	rar land						
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		The state of the s						

CERTIFICATE OF REATH

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attending physician and completely filled in by file fun

ofter death

event within 72 hours

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Then pleose

hospital or attending physician. After this certificate hos been signed by the

detoched far use as the burial-transit

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VS A15 (4) 1SM 9/SB

page 3 shauld may be retain TO FUNERAL D TO HOSPITAL

the registrar

remayal,

requires that the death certificate be executed within 24 hours

filed

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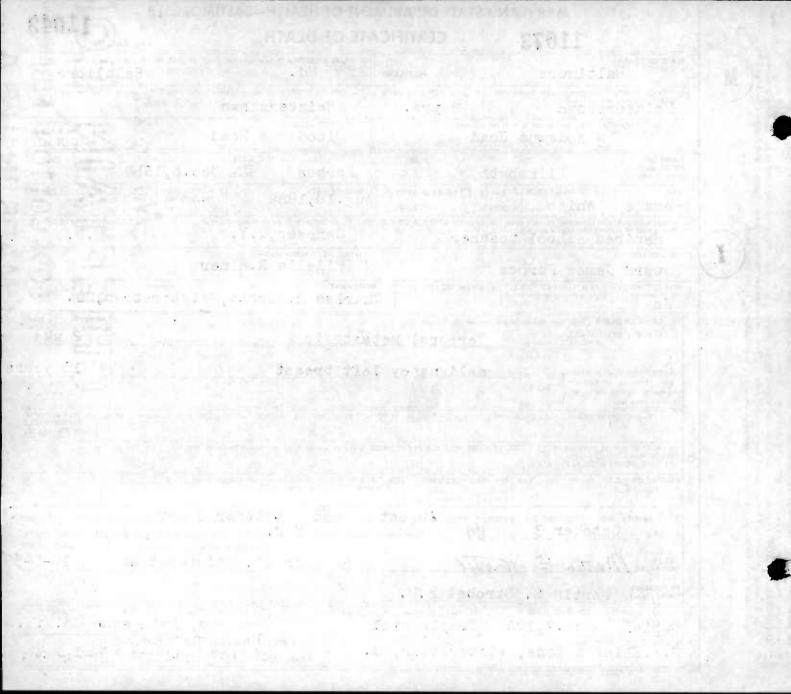
11042

10 years

DATE SIGNED 10-5-59

		11073	CEKTIFICA	AIE OF L	EAIH			Reg. Di	st. No.		
	PLACE OF DEATH	ltimore	MARYLAND		DENCE (Whe	re deceased live	d. If instituti b. COUNTY			e odmissi 10re	ion)
	b. CITY OR TOWN (IF RURAL ond give ne Reister	outside corporote limits, write grest town) S COWN	e. LENGTH OF STAY IN 16			tside corporote l	imits, write R	URAL ond	give nea	rest town	)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give stree Nicodemus Ro	t oddress) oad	/ d. STREET A		s Road				ON A	DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	First Elizabet		Forbe		4. DATE OF DEATH O	et.3,	1959	Da		ear
S.	Female	TETT P L	RRIED NEVER MARRIED A	Aug. 18,	1882	9. Ai	GE (In years st birthdoy) yrs.	Months Months	Days	Hours	R 24 HRS. Min.
100	during most of working Retire	N (Give kind of work done 10th ing life, even if retired) tes	kind of Business or Induction		ACE (Stote o		1)	12.CIT		WHATC	OUNTRY?
13.	FATHER'S NAME Edward J	ames Forbes		14. MOTHER'S Fide		R.Ride	r	111	Y		
15.  Ye	WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give wor or dotes of service)		informant Charles	A.Fo	rbes, Re	eiste:	rsto	wn,N	Ad.	967
	The second secon	TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).]  Cerebral met	tastasi	3				INTE	RVAL BE ET AND	DEATH SAN
	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	nmediote (	malignancy :	left bro	east					10	yea
FICATION	PART II. OTH		CONTRIBUTING TO DEATH BU					EN IN PAR	RT 1(o) 1	PERFO	NO 1
CERTI	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture o	f injury in Po	ort I or Port II of	item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Whil		LACE OF INJURY (I actory, street, office	Home, form, bldg., etc.)	20f. (City or to	own)	(	County)		(Stote)
	21. I certify that I attended the deceased fram August 1, 1956, to October 3, 1959, that I last saw the deceased alive on October 3, 1959, and that death accurred at 8 PeM, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  M.D. 48 Main St. Reisterstown 10-5-										
	BUVEIGUANIE	Martin E. St.		м.р. 40 М	alli o	o. ner	2001.2	UOWI		al.	
220	BURIAL, CREMATION REMOVAL (Specify) BURIAL	Oct.7,1959	22c. NAME OF CEMETERY C			22d. LOCATION Genese			ton	(Stote	
23.	J.F.Elin	signature e & Sons, Ref	sterstown, Mc	i.	24a. REC'D	BY REGISTRAR		STRAR'S SI			

DATE OCT



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		S) where			
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Series z me			178-61-1	77	
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	Cath Carlo		11.11		

## FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negroup, please execute the control of icate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral too. Page 4 should be provided to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained 16-7 our files.

TO FUNERAL DIRECTOR: Page 3 should be esed as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or remayal, orgal in any event within 22 hours after death.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1107 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11044

Reg. Dist. No.

	I, PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	BALTIMORE MARYLAND	O. STATE MARVIAND B. COUNTY BALTIMORE
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give negret lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	MIDDLE RIVER	53 MIDDLE RIVER
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
	45 KERRIA LANE (20)	45 KERRIA LANE (20) YES NO
	3. NAME OF First Middle	Lost 4. DATE Manth Day Yeor
	(Type or print) THERESP FOREI	MAN DEATH CCT. 30 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 38.	DATE OF BIRTH  9. AGE In yours IF UNDER 1YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED DIVORCED	2-13-95 64 yrs. Monims Days Hours Min,
	10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTR' during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
)	HOUSEWIFE	BALTO, MO, U.S.A.
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. MOTHER'S MAIDEN NAME
	JOHN BUTINER	UNKNOWN
	[Yes, no, or unknown] } (if yes, give war or dates of service)	FORMANT
	212-26-6320 Mi	R. DAVID FOREMAN (SAME AS ABOVE)
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (o) ]	O / V INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	MY Q-V-Sisense ONSET AND DEATH
	4443 X DUETO	
	Conditions, if ony, which) (b)	#1. (U-12. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
	gove rise to immediate couse	
	(c), storing the underlying DUE TO	
		DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3	\(\frac{\frac{1}{3}}{1}\)	PERFORMED? YES NO DI
	Les Likimoki El of Cottikieniliko El	ter noture of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE Hour o. m. While Not white fuctor	E OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour o. m. While Not white fuctor p. m. 19 of work of work	
	21. I certify that I taak charge of the remains described above	e, held an Autapsy , Inspection I Inquiry and in my
	apinian death resulted from: Natural causes D. Accident	
	maa	band band band
	SIGNATURE 11/2 DANS	M.D. CHIEF MEDICAL EXAMINER []
	EXAMINER'S M B D 0444 A D	ASSISTANT MEDICAL EXAMINER
-	NAME (Type) // . / DAVIS M ()	DEPUTY MEDICAL EXAMINER 1
	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (Stote)
	BURIAL 11-3-59 MT. CARN	NEL BALTO, CO. MD.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	John J. Connelly 418 Gastern F	Shed, DATE NOV 3 '59 Ciring S. Thomas

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HTARGEO BY A DOMERSO BUTEVIMAXS IN DICOMESS --

Rea. Dist. No 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 195 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? Mrs. Fay Gaffney - 454 S. Bentalou St. INTERVAL BETWEEN ONSET AND DEATH 6 month PERFORMED? YES NO D (County) (State) 195 Ithat I last saw the deceased and that death occurred at \_\_\_\_\_M, from the causes and an the date stated above. DATE SIGNED 10. 16,39 22d. LOCATION (City, town, or county) (State)

VS A1S (4) 15M 9/SB

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VS A15 (4) 15M 9/5B

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runeral director,	1. PLACE OF DEATH o. COUNTY Be
Ika tuneral shauld-be-f	b. CITY OR TOWN (I RURAL ond give ne
Shou	d. NAME OF HOSPIT OR INSTITUTION
filled in by ages 1 and 2	3. NAME OF DECEASED (Type or print)
4 5	£ CEV

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11077

CERTIFICATE OF DEATH

11046

				Reg. Dist. No.
o. COUNTY Baltimore	MARYLAND	a. STATE	ere deceased lived. If institu b. COUN	orion: Residence before admission)  YBalto.
		Muc		Balto.
b. CITY OR TOWN (If outside carporote limits, wring RURAL and give nearest tawn)  Catons ville	c. LENGTH OF STAY IN 16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	utside carporote limits, write nsville	RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give strong INSTITUTION 5153 Baltin	reet oddress)  10re Nat.Pike	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
			T	
NAME OF First DECEASED (Type or print) Margar	et B. Gallow	last exp	4. DATE M	b. Day Year 22, 19 59
	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 23, 1865	9. AGE (In year last birthday 94 yr	Manths Days Haurs Min.
a. USUAL OCCUPATION (Give kind of wark dane during mast at working life, even if retired)	O. H.			12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME	0.11.	14. MOTHER'S MAIDEN N	AAAF	ODA
Peter C.Lei	iritz		reta Bauer	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) [If yes, give war or dates of service)		INFORMANT		dress L51 Balto.Nat.P
Canditians, if any, which gave rise to immediate couse (a), stating the under-lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITION  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BE	OT NOT RELATED TO THE TERMIT	NAUDISEASE CONDITION G	PERFORMED?  YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in P	Part I ar Part II af item 18.)	
Haur a.m. W	d. INJURY OCCURRED 20e. hile Nat while work ot work	PLACE OF INJURY (Hame, form, factary, street, affice bldg., etc.	20f. (City ar tawn)	(County) (State
21. I certify that I attended the dec				
ACTUAL SIGNATURE SIGNATURE	and mar dea		ADDRESS (Street, city or tow	, ,
PHYSICIAN'S NAME (Type) Teo T. (AVER.)	M.D.		ore 29. Maryl	
Removal (Specify)  Burial  Cremation, 22b. Date thereof  Oct. 24/59	22c. NAME OF CEMETERY Lorraine P	or CREMATORY ark Cemetery	22d. LOCATION (City, town	
Funeral Director's SIGNATURE Witzke Funeral Dir.4	101 Edmondso	24a. REC'E	BY REGISTRAR 24b. REG	GISTRAR'S SIGNATURE TINTHUS S. Frank

	9 (C) 2006 (17)	ALCHA WARMING	THE NAME OF	ATTE BUSINESS	
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m) of or	,.475 [15	1 Franklis			
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		1,530 to 10	NA SCRIEGEL	ILIA.TL	Janes elst

VS A15 (4) 15M 10/57

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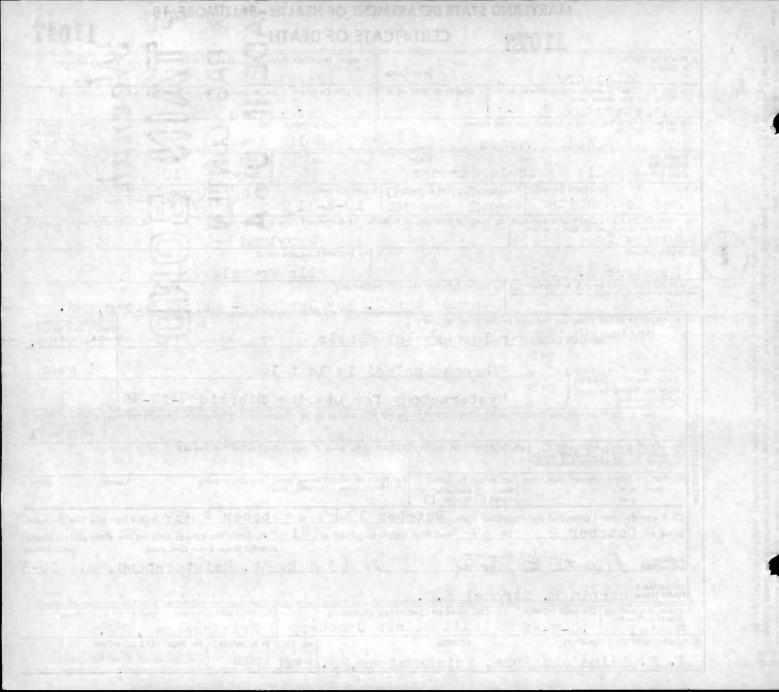
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 11047

	11078	CERTIFI	CA.	TE OF DEA	ATH			Reg. D	ist. No	111	047
1. PLACE OF DEATH o. COUNTY Baltime	ore	MARYLAI		o. STATE	CE (Where		d lived. If institut b. COUNTY				ision)
b. CITY OR TOWN (If outside RURAL and give nearest to	corporate limits, w	rite c. LENGTH OF STAY IN	16	c. CITY OR TOWI	-		rote limits, write				n)
Reistersto	own			X Reist	ers	town					
d. NAME OF HOSPITAL (If no OR INSTITUTION	ot in hospital, give s	treet address)		d. STREET ADDRE	ESS					e. IS RE	SIDENCE A FARM?
9 W	olf Ave	nue		9 Wol	f ,	Aven	ue				NO 🔯
		de Gardner		Lost		OF DEATH	Mo 1(		Do		Yeor 1959
		MARRIED NEVER MARRIED	_	10-8-11			9. AGE (In years lost birthdoy) 4 yrs.	Months	Doys	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give during most of working life,	kind of work done	106. KIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE	(Stote or	foreign co			TIZEN C	F WHA	T COUNTRY
Housewife	even ii reiiiedj			Ma	rvla	and			USA		
13. FATHER'S NAME			1 1	14. MOTHER'S MAIL	DEN NA	ME		-	001		
Theodore A.				Ell	a To	owns	ley				
15. WAS DECEASED EVER IN U. [Yes, no, or unknown] (If yes, give	S. ARMED FORCES?		17. INF	DRMANT		T.	Ado	fress			
no		none	J.	Roy Ga	rdne	er -	Reiste	ersto	wn,	Md	
PART I. DEATH WAS	CALICED BY	per line for (o), (b), and (c).] Pulmonary th	ron	bosis					INT ON:	SET AND	DEATH
Conditions, if any, whi	10	Thrombo phl	ebi	tis lef	t 10	eg				1 y	ear
lying couse lost.	(c)	Hysterectomy									
ICATI		ONS CONTRIBUTING TO DEATH	BUTNO	OT RELATED TO THE	TERMINA	AL DISEASE	CONDITION GI	VEN IN PAI	T 1(o) 1	PERF	AUTOPSY DRMED?
	RLYING   20b. SE OF DEATH L EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (	Enter noture of inju	ery in Par	t I or Port	Il of item 18.)	7.3			
20c. TIME OF INJURY Moni	, w	Od. INJURY OCCURRED  /hile Not while I work 0 twork	ractor	E OF INJURY (Home y, street, office bldg	g., elc.)				County)		(Stote)
21. I certify that I of olive on October		ceosed from Octob	er	1,91949, 10	Oct	tobe	r 2, 1959	,thot I	lost so	w the	deceosed
1		, olid lifol de	OIII O	ccorred of			reet, city or town,		he do		ed obove ATE SIGNE
SIGNATURE Ma	tin E	trobel	M.E	48 Ma					n.M		10-
PHYSICIAN'S NAME (Type) Marti	n E. St	robel M.D.									
220. BURIAL, CREMATION, 22b.	DATE THEREOF	22c. NAME OF CEMETER				d. LOCAT	ION (City, town,	or county)		(Sto	le)
Burial 1	0-5-59	All Sain	its	Cemeter	У	Rei	stersto	own.	Md.		
23. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS	- 5	240.	REC'D B	Y REGISTI	RAR 24b. REGI	STRAR'S SI		RE	
J. F. Eline	and So	ns, Reisters	tow	n.Md. DAT	<b>SCT</b>	7 '59	Cit	ing & 7	Traves		



11048

CERTIFICATE OF DEATH 11022

Reg. Dist. No

	reg. Dist. No.	
o. COUNTY Battimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY	1)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearliest town).	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  10 5 8 Jule pully derive Road	1558 Sulthur Doring Rd e. IS RESID 1558 Sulthur Doring Rd YES 1	ARM?
NAME OF DECEASED (Type or print) FREDERICK - HERMAN - KE	SELMAN DEATH DOY YES	5
Male Whats WIDOWED DIVORCED	8. DATE OF BIRTH  1875  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 1 Wanths   Days   Hours   Hours	24 HRS. Min.
00 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	Batimore Md 41-5.4	OUNTRY
Chiquetus Leiselman	14. MOTHER'S MAIDEN NAME Mary	
15. WAS DECRASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Hariant Burnes 6012 Sefton ave	14
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Mulastactic	Careinoma abdonaa Gina	EATH
Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse last.	a of Cecum 3 ye	رد
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Metastatue Carcino	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES 1  D. (Enter nature of injury in Part I or Part II of item 19)	AED?
	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.) (City or town) (Caunty)	(State)
21. I certify that I attended the deceased from OUST alive on OUST 24, 1959, and that death	, 1956, to OCT 25, 1959, that I last saw the decourred at 130AM, from the causes and on the date stated	above
	ADDRESS (Street, city or town, stote)  DATI	ESIGNE
ACTUAL SIGNATURE & Bradly Loughasthy	M.D. 12164 Transis are Balling 2/1	
PHYSICIAN'S A. B. Daugharthy, M. D.	1264 Francis Avenue, Baltimore 27, Ma	o 4 ryle
SIGNATURE 4 DEPARTY DIEG HANNING		ryls

may be retained by the haspital or attending physician.

TO FUNERAL DE FOR: After this certificate has been signed by the attending physician and campletely filled in by foundaries of the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OR

death: Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12236

	11080	CERTIFICATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY  Baltanase  by BITY OR TOWN (If outside corporate limits, write   c. LENG	MARYLAND O. STOPMA.	deceased lived. If institution: Residence before admission) b. COUNTY
	RURAL and give neorest town  A. NAME OF HOSPITAL (If not in hospital, give street oddress)	w.3 days Saltin	de corporote limits, write RURAL ond give nearest town)
	College Manar aged	Home 226 Hon	rewood Terrace YES   NO
	3. NAME OF V DECEASED (Type or print) Mary El	150 1-11/12	DATE OF Month Day Year DEATH October & 1959
	Female white WIDOWED	DIVORCED 12-12-8	9. AGE (In years lost birthdoy) Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	falmersto	n Diverse JSA
)	13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unknown)   (If yes, give war or dates of service)	SECURITY NO. CHAPTER'S MAIDEN NAME SECURITY	Lette adams.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	1. (b), and (c).]	in 4826 Roland Que, Ballo 10 Interval 8ETWEEN ONSET AND DEATH ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse last. (b)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HO OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	<u>JTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \text{NO} \) NO
		DW INJURY OCCURRED. (Enter noture of injury in Port	I or Port II of item 18.)
	ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY OF While Not work of work of the state of the s	foctory, street, office bldg., etc.)	20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from	1.6.6.	4 5 9 , 19 , that I lost saw the deceased
	ACTUAL SIGNATURE Transcis W Illusianature		from the couses and on the date stated above.  DRESS (Street, city or town, state)  DATE SIGNED  MUNICIPAL PROPERTY.
	PHYSICIAN'S FRANCIS W. GLUC	CK 100 W. UNIVERSI	TY PKWY, BALTO., MD.
	Burial actober 8, 1954 C	witheran Cemetary	Emmits Durg Md.
	23. FUNERAL DIRECTOR'S SIGNATURE  ADDITION  AD	mitsling. Ma DATESCT	Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

the sales in the Contraction of the The waster Park Home of Lebenberry Will a Victorial Color State FRANCIS U. CLUCK FOR W. UEIVEXBITY PROP. GUZZ. . . . . But with the title of the works and the ment of a same to like the title The state of the first of the contract of the state of th

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11083

CERTIFICATE OF DEATH

11051

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  MARYLAND b. COUNTY  BALTMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3437 Flanning Ope	1 3437 FLANNERS LANDER CON A FARM? YES NO NO
3. NAME OF First Middle  [Type or print] Stuart JASON	Pinsburg 6. DATE Month Day Year OF DEATH 10 3/ 19/9
5. SEX MARC 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Dec 4, 1950  9. AGE (In yeors lost brithdoy)  yrs.    Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. A
13. FATHER'S NAME HARRY Gensburg	14. MOTHER'S MAIDEN NAME ROSE MATZ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) (If yes. give wor or dates of service)	ary Linsburg - 3437 Flanners Na.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  MEAR STATIC	BRAIN TUHOR INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cotise (a), stating the under-lying couse lost.  DUE TO  DUE TO  (b)  DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO []
	). (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. White Not white foc	CCE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from My alive on CASI, 1999, and that death ACTUAL SIGNATURE PHYSICIAN'S PRANCE TO AMER	occurred at 11 30 M, from the couses and an the dote stoted obove.  ADDRESS (Street, city or town, stote)  DATE SIGNED  A.D. LOOP PARK HEIGHT ACC 1061/19
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF PRIMOVAL (Specify)	CREMATORY 22d EDICATION (City, town, or county) (Stoje)
23. JUNERAL DIRECTOR'S SIGNATURE 2M ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
DO DEMASAN + Jus - 1124-26 W. 167	the UNE DATE NOV 3 '59 Continue & Traver

10R: After this certificate has been signed by the attending physician and campletely filled in by 77 uneral director, letached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with a burial, crematian, or removal, and in any event within 72 hours after death. death. Page 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours moy be retained the hospital or attending physician.

TO FUNERAL DI COR: After this certificate has been signed by the attending physic page 3 should be detached for use as the burial-transit permit. Then please remove the registrar prior to burial, cremation, or removal, and in any event within 72 hours. TO HOSPITAL OR VS A15 (4) 15M 9/55

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24b. REGISTRAR'S SIGNATURE

Culling S. Krone

24a. REC'D BY REGISTRAR

in by the funeral director, and 2 should be filed with and completely filled in Pages permit. Then please remave carban papers. in any event within 72 haurs after death. the attending physician

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit. the registrar priar to burial, crematian, ar remayal, and the haspital ar attending physician. may be retain y the TO FUNERAL DIRECTOR:

33. FUNERAL DIRECTOR'S SIGNATURE

	110	84	CERTIFICA	ATE OF DEATH	1		Reg. Dist. N	lo.	
o. COUNTY B	eltimore		MARYLAND	2. USUAL RESIDENCE (WI o. STATE	1 1/2	d lived. If instituti b. COUNTY			ssion)
RURAL ond give n		ts, write	c. LENGTH OF STAY IN 16	X c. CITY OR TOWN IF		rote limits, write R	URAL ond give r	nearest tow	vn)
	ATTISON TAL (If not in hospital, s	ive street	13 yrs	Harrison d. STREET ADDRESS				a IS PE	SIDENCE
OR INSTITUTION			•	, d. siker Abbress					A FARM?
NAME OF DECEASED (Type or print)	Joseph		Middle	LZNVILLE	4. DATE OF DEATH	oct	nth /	Day	Year 19 5 7
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		7
Female	White	WIDOWE	D DIVORCED	Nov. 6, 1871		lost pirthdoy)	Months Doy	s Hours	Min.
Oa. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	Baltimore,			12. CITIZEN	OF WHAT	COUNTR
3. FATHER'S NAME			- 4	14. MOTHER'S MAIDEN	NAME				
Robert B.	Glanville			Josephine 1	H. Joy	rce			
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT		Add	ress		
No (Yes, no, or unknown)	(If yes, give war or dates of s		lone Mr	. B. F. Emenh	eiser-	Garrison	, Md.		
PART I. DEA	the under-	)	Carcin	lerotic her	ul	Zrus	0	NSET AND  SEL AND  2 ye	D DEATH
PART 11. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH 8UT	I NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART 1(0)	PERF	ORMED?
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Port I or Por	t II of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. IN While of work	Not while fo	ACE OF INJURY (Home, form octory, street, office bldg., etc		or tawn)	(Count	у)	(Stot
21. I certify th	nat I attended the	decease	ed fram.	, 19 <u></u> 47, to	100	ct 1957	that I last so	aw the	decease
ACTUAL SIGNATURE	Paul	19 H	Payse	accurred at 3 46	M, from	the causes are treet, city or town,	d an the da	te state	ed abav
PHYSICIAN'S NAME (Type)	Paul	! H	Roysel	70. P	hes	ville	8 m	1.	
20. BURIAL, CREMATIC	ON, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	ote)
REMOVAL Specify	10/12/50		Loudon Park	Comotony	Bol+	imara M	bae frme		

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	and the second second		Charles Charles
The party pro-	tales and shall be	10/11/57 Front	THE PARTY
			W. M. W. L.

11053

(County)

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11000	Reg. Dist. No.
o. COUNTY Ballinal MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and green learns town)	c. CIPPOR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION The street address of the street address	d. STREET ADDRESS ON A FARM?  YES NO
3. NAME OF DECEASED (Type or print) Benach Middle &	Last 4. DATE Mapth Day Year 1959
Male   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH File—8,1935  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.   Months   Doys   Hours   Min.   Months   Doys   Hours   Min.   Months   Doys   Months   Doys   Months   Min.   Months   Doys   Months   Months
Oa. USUAL OCCUPATION (Give kind of wark dane during mat of working life, even if retired)	STRY 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S DAME LOS BONDON	Fanne Sordon
S. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	INFORMANT LICEN Gordon - 3529 Flamery Same
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  GENERALIZE TWO	lans concumatosis
Conditions, if any, which ) DUE TO Wallegnant	
gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 1B.)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ACT ! 2801 Dall which 3559 F. Landon Flynn - 3529 F. Landon Mara Inc. THE COURT OF THE PROPERTY OF THE PARTY OF TH The restrict the The stronger the the as welcome with the declarate of the same Markey and Samuel and the The Johnson Stay Than and Selm from the March Class . Bethe 160 100 25 - 100 1/19 12 12 Wall - All Carlot and the second of the second of

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ADDRESS Cook-Towson, Inc. Towson, Maryland

22c. NAME OF CEMETERY OR CREMATORY

Dulaney Valley Gardens

22b. DATE THEREOF

220. BURIAL, CREMATION,

Buria

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR DATE OCT 2 8 '59

24b. REGISTRAR'S SIGNATURE arthur & Krous

22d. LOCATION (City, town, or county)

Timonium, Maryland

ON A FARME

(State)

(State)

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PLACE OF DEATH     COUNTY	

13. FATHER'S NAME

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b. CITY OR TOWN (If autside carporate limits, write

RURAL and give nearest tawn)

Baltimore MARYLAND c. LENGTH OF STAY IN 16

Maryl and c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Edgemere d. STREET ADDRESS

Unknown

e. IS RESIDENCE ON A FARM? YES NO X

Year

195

	Hon	ise in pines	nursing 1	nome		2909 1	Ritchi	e Ave.
3	NAME OF DECEASED (Type or print)	BEDTHA	st T-	Middle	Ham	lost MODD.	4. DATE OF DEATH	Mo
5	sex Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED [	B. DATE	OF BIRTH	9	9. AGE (In years last birthday)

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Housewife Home

Catonsville

d. NAME OF HOSPITAL (If not in hospital, give street address)

14. MOTHER'S MAIDEN NAME

Shick

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

USA

Days

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

IIvlevenn	757022200

IS WAS DECEASED EVER IN U. S. ARMED FORCES? LA SOCIAL SECURITY NO.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Month

Months

s, no, or unknown)	If yes, give wor or dates of service)			MAIN!		~	datess	
No		None	Mrs.	Louise M.	Walter	2909	Ritchi	a Ava
The second secon	EATH [Enter only one cause p EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c).]		1.1	198			INTERVAL ONSET A

Canditians, if any, which gave rise to immediate

lying cause last

20c. TIME OF INJURY

a. m.

cause (a), stating the under-

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

Year 20d. INJURY OCCURRED Nat while at work at wark

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(County) (State)

21. I certify that I attended the deceased fram

10 - 4 - 1959, that I last saw the deceased

and that death occurred at \$150 M, from the causes and an the date stated above.

(State)

SIGNATURE PHYSICIAN'S

22b. DATE THEREOF

Day,

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2	2	2		2	8			19	9	
22	≀d.	loc	ATI	ON	(City,	town,	ar	caui	nty)	

Burial 10-7-1959 23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION.

REMOVAL (Specify)

Glen Haven **ADDRESS** 

22c. NAME OF CEMETERY OR CREMATORY

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arity & thous

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**CERTIFICATE OF DEATH** 

	11090	)	CERTIFIC	ATE OF D	EATH		Reg. Dist. N	No.	
1. PLACE OF DEATH a. COUNTY Baltimore		R03 -	MARYLAND	2. USUAL RESIDE a. STATE Mary		ed lived. If institution b. COUNTY	Dorches		sion)
b. CITY OR TOWN	(If autside carporate limi	its, write c. L	ENGTH OF STAY IN 1b	c. CITY OR TO	OWN (If autside carp	porate limits, write Ri	JRAL and give	nearest tawr	n)
Fort Howa			3 Days	Churc	ch Creek		09x.	2	
OR INSTITUTION	TAL (If not in hospital, g			d. STREET AD	DRESS	n de			SIDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fir GUY		Middle	HANDLEY	4. DATE OF DEATI			/	Year 19 <b>59</b>
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YE		1
Male	White	WIDOWED	DIVORCED [	January	8.1896	63 yrs.	Manths Day	ys Haurs	Min.
On. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	dane 10b. KIND	OF BUSINESS OR IND			country)	12. CITIZEN	OF WHAT	OUNTRY
Laborer	rking life, even if refired	Lum	ber Mill	Chur	ch Creek,	Maryland	U. S.	. A.	
13. FATHER'S NAME				14. MOTHER'S A	AAIDEN NAME				
Fred K.	Handley			Sara M	eekins				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR		IAL SECURITY NO.	inical Rec	cords.VAH	Addr. Baltimore		Divis. Howar	
334 X Canditions, if a gave rise to cause (a), stating lying cause last.	immediate ( ) (c) (c)	ARTER	RAI. ARTERIC LIOSCLEROSIS TROPHY AND RIBUTING TO DEATH BU	, GENERAL DILATATIO	N OF THE	HEART ASE CONDITION GIVE	1	PERFC	OWN AUTOPS
PART II. OT  20a. ACCIDENT W 20a CONTRIBUTING (IF EITHER, NOTIF)  40b Hour a.m., p.m.	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Manth, Day, Ye	ar 20d. INJUR		PLACE OF INJURY (Hactary, street, affice l	ame, farm, 20f. (Ci	art II af item 18.) ity ar town)	(Caun		NO [
Annual School Street Co. V			rom Septembe						
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) JO	Insu.	rauf	D.		ADDRESS	the causes and (Street, city or town, D.FORT HO)	state)	DAT	TE SIGNE
22a. BURIAL, CREMATION REMOVAL (Specify	1		. NAME OF CEMETERY	OR CREMATORY	22d. LOC.	ATION (City, tawn, o	or county)	(Stat	te)
Burtak	10-4-5	9	Greenlawn C	emetery	Chur	ch Cambrid	dge, Ma	ryland	d
UNERAL DIRECTO	SEIGNATURE D	muero	ADDRESS		24a. REC'D BY REGI	STRAR 24b. REGIS	STRAR'S SIGNA	_	444
Kenneth R.	Thomas Fun	eral Ho	me Cambrida	ze.Md.	DATE OCT 6'	59 av	Chur & Kr	AMA	

may be retained the haspital or attending physician.

Description of the haspital or attending physician.

Puneral Differior: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled the registrar prior to burial, cremation, ar remayol, and in any event within 72 haurs after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of may be retain:

10 FUNERAL DIFF.OR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. TO HOSPITAL OF

VS A15 (4) 15M 9/5B

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January 8, 2026

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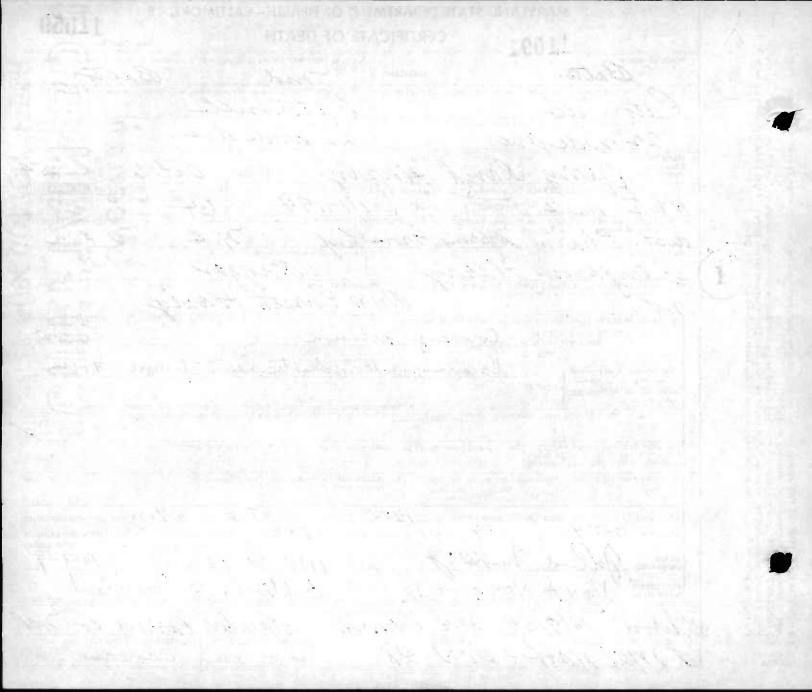
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9 '59

VS A1S (4)

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11060

Rea Dist No.

1. PLACE OF DEATH 12002 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  0. STATE MARYLAND  b. COUNTY BALTIMORE
b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest lown)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest Town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  OAKWAY ROAD  e. 15 RESIDENCE ON A FARMY YES   NO DE
3. NAME OF DECEASED (Type or print) JOHA A. HAIL	PLIPE DEATH ACTORER 26 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  MALE WHITE WIDOWED DIVORCED 1	DATE OF BIRTH  9. AGE In years tool birthday)  Peh. 6, 1889  9. AGE In years Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)  Self EMPROVE	RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME A. Haulblibe	14. MOTHER'S MAIDEN NAME Elizabeth Aun Gordon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes, no. or unknown]   [If yes, give war or dates at service]	FAMILY RECORDS
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	1ry Occ/USION SUDGE AND DEATH, SUDGE 11
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING COURSED. (E) CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	nter nature of injury in Part I ar Part II of item 18.)
	CE OF INJURY (Hame, farm, ary, street, office bldg., etc.) 20f. (City or town) (County) (Slate)
21. I certify that I taak charge af the remains described abardeath resulted from: Natural causes , Accident , Suid	ve, held an Autapsy , Inspection , Inquiry , and find that cide , Hamicide , Undetermined cause .
EXAMINER'S Phade FOD	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED  ASSISTANT MEDICAL EXAMINER
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR PREMOVAL (Specify) 16-7-10.1959 ST. JOSEPHS	CREMATORY 22d. LOCATION (City, town, or county) (State)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS TOWNS AND TOWNS NO. N	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE Cuthur S. Forman

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11093

#### **CERTIFICATE OF DEATH**

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4 haurs affer death. Page 4	ed in by the funeral director,	I and 2 should be filed with		オー	) >
Control of the state of the sta	may be retained by the haspital or attending physician.  • FUNERAL D. GOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please regulare earbon papers. Pages 1 and 2 should be filed with	72 haurs after death.		)
e idw requires indi the death	physician. as been signed by the attendin	al-transit permit. Then please	aval, and in any event within		
THE PROPERTY OF THE PROPERTY O	may be retained by the haspital or attending physician.  O FUNERAL D GOODS: After this certificate has been sign	detached far use as the buri	ta burial, crematian, ar reme		
1.03.11.00.10	may be retained FUNERAL D	page 3 shauld be	the registrar prior		

-										Keg. D	121. 140	•	
1.	PLACE OF DEATH o. COUNTY Ba	ltimore		MARY	LAND	2. USUAL RESI	Maryla	ere decease nd	d lived. If institut b. COUNTY	on: Reside Balt	nce befo	re odmis	sian)
	b. CITY OR TOWN (I	f autside carporate limi arest town) KTON	ts, write	c. LENGTH OF STAY	IN 1b		town (If o	Park	orate limits, write R	URAL and	give ne	arest faw	n)
	d. NAME OF HOSPIT OR INSTITUTION	'AL (If nat in haspital, g	ive street	address)		d. STREET	ADDRESS					ON A	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	EARL	st	RONALD		HEAL		4. DATE OF DEATH	Oct.	14,	195	9	Year
S.	Male	6. COLOR OR RACE White	7. MARR	DIVORCE		B. DATE OF BIRT	12,189	6	9. AGE (In years 63 birthday) yrs.	IF UNDER	R 1 YEAR Days	IF UND Haurs	ER 24 HRS
100	during most of work	ON (Give kind of wark of ina life, even if retired WORKER	done 10b.	kind of Business of urniture	R INDUS		ACE (State of			12. CI	USA		COUNT
13.	David H	eaps	8 8			14. MOTHER'S Eliza	MAIDEN N					,	
15. (Ye		R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice!	SOCIAL SECURITY NO. 18-14-9832		rs. Grad	ce A.	Heaps	, Parkton			A	
CATION	PART I. DEA  4 22.  Canditians, if a gave rise to it cause (a), stating lying cause last.	the <u>under-</u> DUE TO	ar	ONTRIBUTING TO DEA		tui C-				'EN IN PAR	ONS	9. WAS	DEATH
MEDICAL CERTIFICA	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m.	MEDICAL EXAMINER)		_ Not while _	20e. PLA	O. (Enter nature a ACE OF INJURY ( tary, street, affice	Hame, form,	20f. (City		(	County)	YES [	(State
	21. I certify the olive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ot lattended the	decease , 195	n	death	occurred at			n the causes of treet, city or town,	nd on t		te state	
220	BURIAL, CREMATION REPORTED (FINAL SECOND)	0c7. 17,1	959	Ayres Cha		CREMATORY		Norr	ION (City, town, clasville, F	r county)	rd C	O.,M	d.
3.	Tennella li	NO 1 11	n	ADDRESS Stewart	sto	m, Pa.	240. REC'D	BY REGIST		TRAR'S SIG			

TO HOSPITAL OR may be retain TO FUNERAL D VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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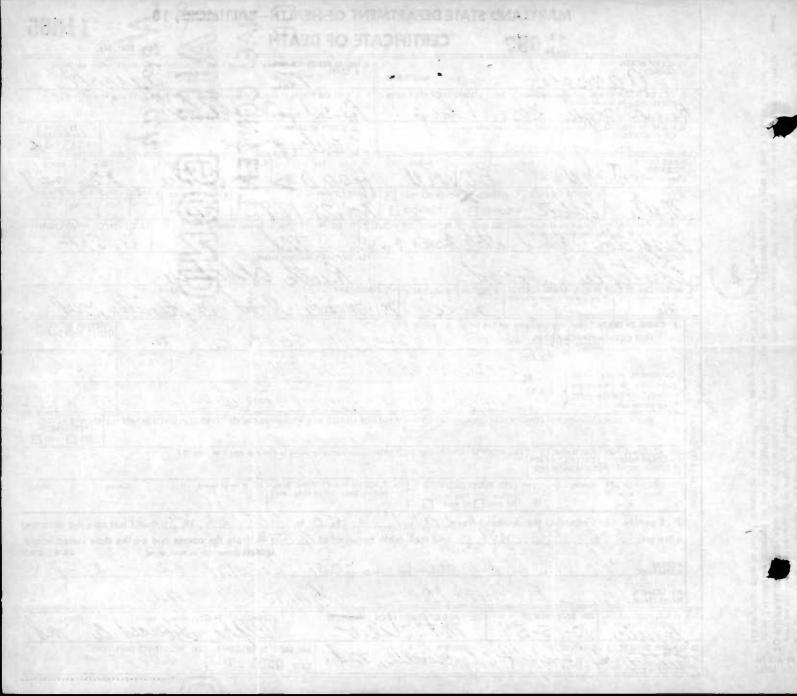
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7	11097 CERTIFICA	ATE OF DEATH	g. Dist. No.
)	1. PLACE OF DEATH  o. COUNTY / AMARYLAND  BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: 6 o. STATE b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown)  RURAL ond give nearest flown of the company	C. CITY OR TOWN (If outside corporate Amits, write RURAL AMPRICACION)	06x-8
X	d. NAME OF HOSPITAL (first in hospital, give street oddress) OR INSTITUTION BALTIMORE - rural Enroute to hospital	2. Walnut ave.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) JOHN First EOWIN	HOOD 4. DATE OF Month OF LALL	Day Year
	5. SEX   6. COLOR OR BACE   7. MARRIED   NEVER MARRIED	700,28, 1882   last birthday) Mc	UNDER 1 YEAR IF UNDER 24 HR Onths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- Guring most of working life, eventil stringd)  The first of the first o	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
I)	Thatcher Hood	Ruth Shipley	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown) [If yes, give wor or dates of service]  The service of the	informant haddens	ille, yel
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) ACHTE CONGES	STIVE HEART FAILURE	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which agree rise to immediate (b) CRUL MONAR	Y EDEMA -	IDAY
	lying couse lost.  DUE TO  (c) CHRONIC (ONG.	HEART FAILURE-	16 YEAR
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20d. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART I(a) 19. WAS AUTOPS' PERFORMED? YES NO
		D. (Enter nature of injury in Port 1 or Port II af item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Hour o. m. White Not white of work of work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	(County) (Stot
	21. I certify that I attended the deceased fram APPIL /	1950, to OCT/2, 1957, the accurred at 12 NOTM, from the causes and	at I last saw the decea
	ACTUAL THOMAS & Wheeler	ADDRESS (Street, city or town, stoke M.D. 36.0/ CAFMAR RD	
1	PHYSICIAN'S THOMAS E. WHEELER	BALTO - 7 - MC	S
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF THE THEREOF 22c. NAME OF CEMETERY OF THE THEREOF 22c.	REMEMBERY 220-10CATION (City, town, or co	unty) (Stote)
	23. FUNDATE HERCTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRA	R'S SIGNATURE

funeral director, old be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs O FUNERAL DIE FOR. After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR TO FUNERAL DI

VS A15 (4) 15M 10/57



TO HOSPITAL OR

VS A15 (4) 1SM 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11098

J.F. Eline & Sons, Reisterstown, Md.

#### **CERTIFICATE OF DEATH**

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20'59

arthur S. Frank

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 Diet	Na				

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence book STATE Md. b. COUNTY Balti	more
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest tawn)
Reisterstown 3yrs	X Reisterstown	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Berrymans Lane	/ d. STREET ADDRESS Berrymans Lane	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harley Kemp Hor:	ner Lost 4. DATE Month of DEATH Oct. 15,1969	Day Year 19 59
Male White WIDOWED DIVORCED	Aug. 25, 1908   lost birthday)   Months   Doy	YS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Maintenance Mechanic Koppers Co.		U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward Baker Horner	Eva Kemp	
	NFORMANT rs.Mindell E.Horner, Reisters	town,Md.
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate  DUE TO  DUE TO	Thrombosis)	NTERVAL BETWEEN NSET AND DEATH
lying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Mour o. m.  p. m.  19 While Nat while of work of twork	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (Countary, street, office bldg., etc.)	(Stote)
21. I certify that I attended the deceased fram October 4 alive on October 12 , 1959, and that death	occurred at 3:00 ft.M, from the causes and on the	date stated abave
	M.D. Lacaterater Macy and O	Taber 15 195
PHYSICIAN'S NAME (Type)	, U	
220. BURIAL, CREMATION, REMOVAL (Specify)  REMOVAL (Specify)  Oct. 17/59  Woodlawn	R CREMATORY 22d. LOCATION (City, town, or county) Woodlawn, Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24- DECID BY DECICTORD 24- DECISTORD'S SIGNIA	THE

DATE

MATERIAL STATE OF THE STATE OF	HT/GID NO ST	ADRITUTE	
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THE REPORT OF THE PROPERTY OF THE PARTY OF T			

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death.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No

	11099
	PLACE OF DEATH a. COUNTY Baltimore
_	
	<ul> <li>CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)</li> </ul>

1099

MARYLAND

c. LENGTH OF STAY IN 16

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

Fort Howard

Colored

Baltimore

d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NO DO

Veterans Administration Hospital NAME OF First JOHNNIE (Served as:

Middle (NMI ) HUDNATEL

4. DATE OF DEATH October

819 North Arlington Avenue

Year 1959 16

5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED | WIDOWED [

8. DATE OF BIRTH March 15.1892

9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS day birthday) Months Days 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

during most of warking life, even if retired) Longshoreman

Shipping

Baltimore, Maryland 14. MOTHER'S MAIDEN NAME

U. S. A

13. FATHER'S NAME

(Type or print)

Silas Hudnall

Georgianna Dunway INFORMANI

Address

Yes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO WW

215-01-1844 Clin. Records, VAH, BALTO, 18, MD, FORT HOWARD DIV.

PART I. DEATH WAS CAUSED BY 2040

SEPTICEMIA IMMEDIATE CAUSE (a) **DUE TO** 

1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).

DUE TO

BONE-MARROW APLASIA

UNKNOWN

UNKNOWN

INTERVAL BETWEEN ONSET AND DEATH

CHRONIC LYMPHOCYTIC LEUKEMIA lying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

UNKNOWN

Hour o. m.

Canditions, if ony, which

gove rise to immediate

cause (o), stating the under-

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

CERTIFICATION 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year

20d. INJURY OCCURRED While Not while ot work of work

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(County)

(Stote)

PERFORMED?

YES NOW

21. I certify that attended the deceased from August 25

ADDRESS (Street, city or town, state) DATE SIGNED

M.D. VAH. BALTO. 18 MD. FT. HOWARD MD.

PHYSICIAN'S NAME (Type) DANIEL A. NIEVES, M.D.

22c. NAME OF CEMETERY OR CREMATORY

VAH, BALTO 18, MD. FT. HOWARD MD. 22d. LOCATION (City, tawn, or county) Northumberland County, Virginia

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

220. BURIAL, CREMATION, 22b. DATE THEREOF

ADDRESS 7808 N. Monroe Ste. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Arlington S. Phillips Funeral

Balto., Md.

DATE 21 359

gned burial-transit been has certificate the OR prior FUNERAL DI should strar page 0

VS A15 (4) 15M 9/5B

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George Carried Consultation

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Alternative control of the Company of

Parameter of the design of the state of the

Lawrence Lawrence

Maring the Marine Committee of the State of

4.11502.1528

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(Titl) / (Ti

HARDER AUTO

**CERTIFICATE OF DEATH** 

11068

admission)  V  est town)
est town)
A
IS RESIDENCE ON A FARM? YES NOW
Yeor 19 59
Hours Min.
WHAT COUNTRY?
ISION
ERAL HRS
WAS AUTOPSY PERFORMED? YES NO
(Stote)
stated abave.
10 <b>-</b> 30-59 .on
(Stote)

Baltimore 29, Md.

may be retain.

TO FUNERAL DIRACTOR: After this certificate has been signed by the attending physician and campletely filled in by 11.6 funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be Filled with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OF

VS A15 (4) 15M 9/5B

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death. Page 4

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NAME OF CASE OF THE PARTY OF TH	
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VS. A15ME 5M 2/57

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X		/	
	R ST	ATE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1110 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11069

Reg. Dist. No.

								-		-	
1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLAI	11	o. STATE Md.	Where decea		vition: Resid			
owings	16	c. City or town (		*	RURAL on	d give n	earest for	wn)			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  11138 Reisterstown Road  d. STREET ADDRESS  11138 Reisterstown Road							e. IS RESIDENCE ON A FARM? YES NO A				
3. NAME OF DECEASED (Type or print)	Susan	A	dele Hu	int	Losi	4. DATE OF DEATH	Oct 6,		Doy	Υ.	eor 9
5. SEX Female	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED	B. D.	ate of Birth 1898	3	9. AGE (In years fost birthday) 60 yrs.	IF UNDER	Days	IF UNDI Hours	ER 24 HRS. Min.
100. USUAL OCCUPATI during most of worki	ON (Give kind of work ing life, even if refired) USEWITE	done 10b. K	IND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Stote Maryls	or foreign o	country)	12. CIT	U.	-	COUNTRY
13. FATHER'S NAME Carroll					. MOTHER'S MAIDEN I	NAME known					
15. WAS DECEASED EVENTAGE NO. OF UNKNOWN	VER IN U. S. ARMED FO		None		cob B.Huni	t,Owi	ngs Mil		d.		
	ony, which do not not not not not not not not not no	M <sub>3</sub>	for (o). (b). ond (c). ] yocardial   rterioscler			Bease			CINS	eval between and dea	тн эув
PART II, OF Barbit	urate Dep	ressi	ontributing to death B	D	epression			VEN IN PAI			AUTOPSY RMED? NO
200. EXTERNAL CAPPRIMARY OF COCAUSE OF DEATH  20c. TIME OF INJU Hour o. m. p. m.	JRY Month, Doy, Yee	or 20d. I	NJURY OCCURRED 20e. Not while of work D D	PLACE factory,		n.   20f. (City		(Co	ounty)		(State)
opinion death	resulted fram: 1	Natural o	emains described causes X. Acciden							er 🗌	d in my
EXAMINER'S NAME (Type)	D. D. Cap			A	A.D. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINE	ER 🗍		10	DATE S	
REMOVAL (Specify Burial	Oct.9.		Druid Rid			Pik	TION (Cily, lown, esville	,Md.		(Stote	•)
Burgee F	uneral Hon	1 1	ADDRESS 31 Falls R	d.E		OCT 1	3 '59 24b. REGI	Clathun			
	Horace To	100	wige	-							

STATE SOF

VS A15 (4)

1SM 9/58

1. PLACE OF DEATH

Baltimo

d. NAME OF HOSPITAL OR INSTITUTION

CITY OR TOWN (If o

RURAL and give near

Veterans

10a. USUAL OCCUPATION during most of working

a. COUNTY

NAME OF

Male

5. SEX

DECEASED

(Type or print)

Salesman

13. FATHER'S NAME

Leander C.

1S. WAS DECEASED EVER
(Yes, no, or unknown)
Yes

1B. CAUSE OF DEATH

Conditions, if ony

gave rise to imma

lying couse lost.

NAME (Type)

22a. BURIAL, CREMATION,

REMOVAL (Specify)

MARYL 111				TE OF DEAT			Reg. Dis		107	0.
re		MARYLA	ND	2. USUAL RESIDENCE (W. o. STATE Maryland	here deceased	b. COUNTY	Residence	e befor	e odmissio	in)
utside corporate limit est town) ward	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF			RAL ond g		rest town)	
(If not in hospital, gi				d. STREET ADDRESS	Box 28	2		•	ON A P	ARM?
LESTE		Middle L.		JACKSON	4. DATE OF DEATH	October Month		1		9 59
White	7. MARR	NEVER MARRIED  DIVORCED		July 7, 1895			-	Days	Hours Hours	Min.
(Give kind of work of g life, even if retired)		kind of Business or I		Mayo, Mar	yland	ountry)			· A.	OUNTRY?
ckson				Gertrude M.		ngs				
N U. S. ARMED FORG	CES? 16.	SOCIAL SECURITY NO.		nical Rec.,	AH, Bal	timore, Md		Div Ho	risio	7
WAS CAUSED BY:	CACE	ne far (a), (b), and (c).]							RVAL BET	
DUE TO	CARO	CINOMA OF TH	E P	ROSTATE WITH	INVAS	ION INTO	THE			
under-	URIN	VARY BLADDER		D METASTASIS LUNGS	TO PE	RITONEUM,		2	Year	5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? OLD FIBROUS CALCIFIC NODULE, APEX RIGHT LUNG. YES NO CERTIFI 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while of work p. m. of work 21. I certify that attended the deceased fran September 10, 1959, tOctober XXXXXXXX and that death accurred at 7:00PM, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL VAH. BALTO, 18. MD. FORT HOWARD DIVISION PHYSICIAN'S

Arlington National Cemetery

22c. NAME OF CEMETERY OR CREMATORY

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

3. L. Hopping Funeral Home, West St., Annapolis, Md.

JOHN W. CRAWFORD

22b. DATE THEREOF

DATE OCT 6 59

24b. REGISTRAR'S SIGNATURE

(State)

22d. LOCATION (City, town, occounty) y Arlington, Virginia

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		relevant I	aryall IS	Hower	\$403
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ri talah E			ATMINE	10 74	
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Not be a time	BALLE SEA. DE. 6	1.0TME, BATTO, 1	1.	1 10 19-1	

CONTRACTOR OF THE VALUE CHARGE, NO. 27 HOWARD LAVE TO SERVICE OF THE VALUE OF THE V Artington lattered Jerotery Artington, Parelein

. U.u. Kranch. de Jack, see Pount I galoge N. a. &

		×.
V5	S TO DEPUT: IDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de	cessary, H
. /	please exec. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page TO	or. Page NO
115	5 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	R III
ME	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File page, 1 and 2 with the State Board of Health,	Tagell, IIS
	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	IABL
		II P

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH  6. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  3 Y/S.	c. CITY OR TOWN (If outside corporele limits, write RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARMI YES NO TO
. NAME OF First Middle	Lasi 4. DATE Month Dey Yeer
DECEASED (Type or print) Andrew	Jeffreys OF DEATH OCtober 24 1959
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS
Male C. WIDOWED DIVORCED	7-19-32 27 26 yrs. Months Deys Hours Min.
Da. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTR'
Steel worker  Bethlehem Steel Co	orp. Milton, N.C. U.S.A.
. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Danner Jeffreys	Maude
. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(es, no, or unkown) (Ifyesgive werordeles of service) 230-34-6380 Mg	aude Jeffreys, Rt. #1, Box 7, Milton, N.C.
18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN
BART I DEATH WAS CALLED BY	of chest and abdomen
981 X DUE TO	WATER VIEW TO STORY
C 200 W 11.15	
geve rise to immediate cause	
(e), steting the underlying DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMINAL DISEASE CONDITION CHARM IN DART 1/-1/ 10 WAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2Db. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING  CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO
2DB. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	Enter neture of injury In Pert I or Pert II of item 18.)
Shot during al	
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLA Hour e.m. Yhile Not While et work et work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suic	
	CHIEF MEDICAL EXAMINER
ACTUAL ()   O. Co. ( Perti	
SIGNATURE (COLLES ). I ELLY.	M.D.
EXAMINER'S NAME (Type) Charles S. Petty	DEPUTY MEDICAL EXAMINER 10/25/59 Address (Street, city, town, or county)
e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
REMOVAL (Specify)  Partial 30/20/50 Macedonia Bapt	tist Milton, N. C.
Burial 10/29/59 Pacedonia Bapt 3. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
Huco Plenty Funeral Home, Milton, N. C.	Caller & Thous

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TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

death. Page

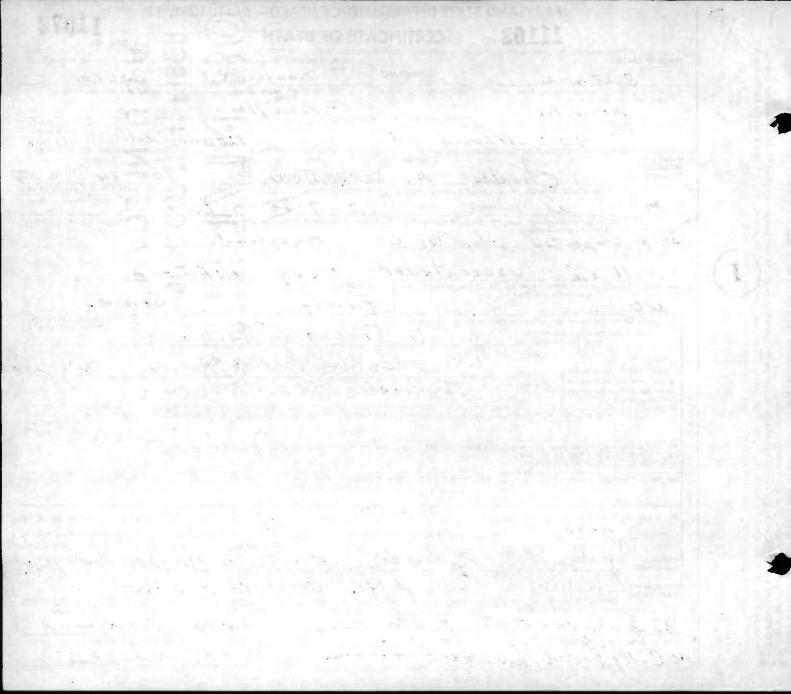
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11103

**CERTIFICATE OF DEATH** 

11072

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (W	here deceased lived. If inst		fore admission)
0 / -	MOTR	MARYLAND	17412	YLand b. coul	BALI	0.
<ul> <li>CITY OR TOWN (If au RURAL and give neare</li> </ul>	tside corporate limits, write st tawn)	c. LENGTH OF STAY IN 1b		autside carporote limits, wri	ite RURAL and give no	earest town)
PIKE	Sv./12		X TiKosvi	1/2		
d. NAME OF HOSPITAL	(If not in hospital, give street	1 1	d. STREET ADDRESS		~ /	e. IS RESIDENCE ON A FARM?
	403 UPL	and kd.	403	UPLand	Ra	YES NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month D	Day Year
(Type or print)	Charle	w" 4. J.	ERRENTRUP		10- 14	19 37
5. SEX 6.	COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	and the second	R IF UNDER 24 HRS. Hours Min.
M	W WIDOW	ED DIVORCED	2-7-78	10	yrs. Manths Days	Haurs Min.
10a. USUAL OCCUPATION during most of working		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e ar fareign country)	12. CITIZEN C	OF WHAT COUNTRY?
Ship Gen		hip Rep. Co.	MARI	1 Land		
13. FATHER'S NAME		,	14. MOTHER'S MAIDEN	NAME		
W1/119	m Jer	KENTRUPP	MARY	NOFF.	man	
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT		Address	
NO	n, give war or oures or service;		FAMILY		Sime	-
	[Enter anly ane cause per li	ne far (a), (b), and (c).]		01.		TERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	acute (	prohery	Thrombo	511	NSET AND DEATH
420.1	DUE TO	11 1	1	21		Total Delili
Canditians, if any,	which \	Hyperter	sive ora	& within	2-	3-4 Len
gove rise to imm	ediote (	Ha Onia	to Man	1 111 15	7 4	1
lying cause lost.	under-	Scerm	ne Hea	it proces.	4	
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER						PERFORMED? YES NO
20g. ACCIDENT WAS LOR CONTRIBUTING C	CAUSE OF DEATH I	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II af item 18.	.)	
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year 20d. II	fa.	ACE OF INJURY (Hame, far stary, street, affice bldg., et		(Caunty	y) (State)
₽. m.	19 of war		1 00			
21. I certify that	I attended the deceas	sed from morch	14, 19 JJ, to 1	0/14 19	That I last sa	w the deceased
alive an	ne 2 - 19.	55 and that death	accurred at 2	M, from the causes	and an the dat	te stated above
0	(	Un n	P	ADDRESS (Street, city or to		DATE SIGNED
ACTUAL SIGNATURE	duns (,	Much	MD 535	56/Leislo	STOUR R	of 10/15
71	11 0	01. 11.1	12/	1-20	- 14	17
PHYSICIAN'S NAME (Type)	41145	Gluck,	P.D. 1021,	nmovers	, vuol	
22a. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to	wn, ar caunty)	(State)
BEMOVAL (Specify)	10-17-07	BALTO.	Cem.	Balto.	MARY	Lund
23. FUNERAL DIRECTOR'S S	NATURE	ADDRESS	24a. REC	D BY REGISTRAR 246.	REGISTRAR'S SIGNAT	URE
Mc Cully f	Jesid Nones	130 E. For	DATE DATE	OCT 1 9 '59	Cirilwa S. +	Travel



# 1 FOR STATE HEALTH DEPT.

TO DEPUTY SIGNAL EXAMINER: This certificate should be executed within 24 hours after death. If any delegase exected the certificate, writing the word "pending" in pencil in Item 18. Characters 12, and 3 to the funerary rector. Page 74 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

PLACE OF DEA     COUNTY	BILITIMORE		2. USUAL RESIDENCE 6. STATE MADV	(Where deceased lived, b. CC		dance before edmission
		MARYLAND				4
write RURAL e	N (if outside corporate limits, and give neerest town)	c. LENGTH OF STAY IN 16		utside corporete limits, w	rite RURAL and gi	ve nearest town)
				IMORE	340	1-4
d. NAME OF HOS	SPITAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRESS			o. IS RESIDEN
	. Chesaco inte			Narcissus		YES NO
3. NAME OF DECEASED	First	Middle	Last 4	OF Mo	onth D	ay Year
(Type or print)	ERNEST		JOHNSON		ober 2	9 1959
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEA	
Male			July 28,1920	last birthday 39 yrs.	71101111112 201	s Hours Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (State or	foreign country)	12. CITIZEN	OF WHAT COUNT
Deck Of	working life, even if retired) ficer	Merchant Marine	Sweden		U	.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
(uı	nknown) John	son	Anna	(unkno	own)	
	EVER IN U.S. ARMED FORCES		INFORMANT	Addr	ess	
Yes, no, or unkown)	(If yes give war or dates of service W.W.II	Mrs	Rosel Johnson	on,5446 Nar	cissus	Ave, ZONE
I IB. CAUSE OF	DEATH Enter only one caus	se per line for (e), (b), end (c).]			1	INTERVAL BETWEEN
PART I. DE.	ATH WAS CAUSED BY:	Dlunt fames hand	d as discourse			ONSET AND DEATH
011	IMMEDIATE CAUSE (e)	Blunt-force head	injury			
016X	DUE TO					
Conditions, if e	ny, which (b)					
geve rise to imm	> DUE TO					
(e), stating the	underlying					
cause lest.	) (c)	IS CONTRIBUTING TO DEATH BUT NO	OT BELATED TO THE TERMINAL	DISEASE COMPINION	711/F11 11 D A D 7 4/	1. 40 1.445 ALITON
PARI II. OII	TEK SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	OT KELATED TO THE TERMINAL	DISEASE CONDITION	SIVEN IN PART I(6)	19. WAS AUTOPS PERFORMED?
5						YES NO
PART II. OTH	CAUSE WAS 20b. CONTRIBUTING 1	DESCRIBE HOW INJURY OCCURED.			N 31 TI-	
		Passenger in aut				
20c. TIME OF IN		20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 'tory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
10:55 P.II	10/00 E0	et work st work	Road		Balti	more Md.
		e remains described above, h		spection X. Inq	. 🗀	nd in my opinior
1000				-		no in my opinior
death resulted	from: Natural cause	S	cide . Homicide .		manner	
	10-12	~ / 2 2 . C.	CHIEF MEDICAL EXA	MINER		
ACTUAL SIGNATURE_	Work	) rug	M.D. ASSISTANT MEDICA	L EXAMINER		DATE SIGNED
11/1/20/20 13/1			DEPUTY MEDICAL EX	CAMINER		10/30/59
NAME (Type)	W. Brad	ley King, Jr., M.	D. Address (Street, city	, fown, or county)		, - , - ,
20. BURIAL, CREMA	TION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		d. LOCATION (City, to	wn, or country)	(State)
BURIAL Spec	11-2-59	Entombment Lo	rraine Mausel	Leum, Wood	lawn, Mo	d
23. FUNERAL DIRECT		ADDRESS		BY REGISTRAN 246. R		
Villiam C	nok. Inc., 1217	St. Paul Street	DATE	010		
- LLLLOW VI	- 110 6 9 TET /	- as a court wat see p	I DVIE			

moissosansini monuello em Cala. JOHNSEN CONTROL 27 or the catelland resemble the added to the Decis of the contract of the c (Liverplan) and (unknown bonness The Rosel Longing Ship Taresaut Ave Sills 19 THE PERSON WITH THE workering on Pro-odys of gentals in . Electronistas X Tours To The Water Safe Life of the feet and Theory will be 1975 better the 1976 WHILE IN THE PROPERTY OF THE PARTY OF THE PA and the second second second The state of the s in the contract of the state of the contract of 050

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DI

VS A15 (4) 15M 10/57

death. Page 4

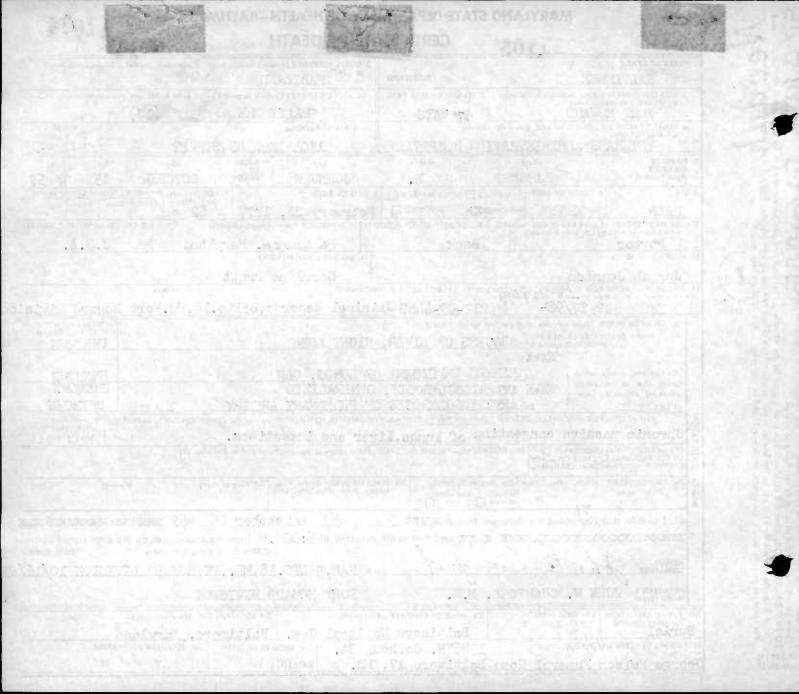
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11105

11074

CERTIFICATE OF DEATH

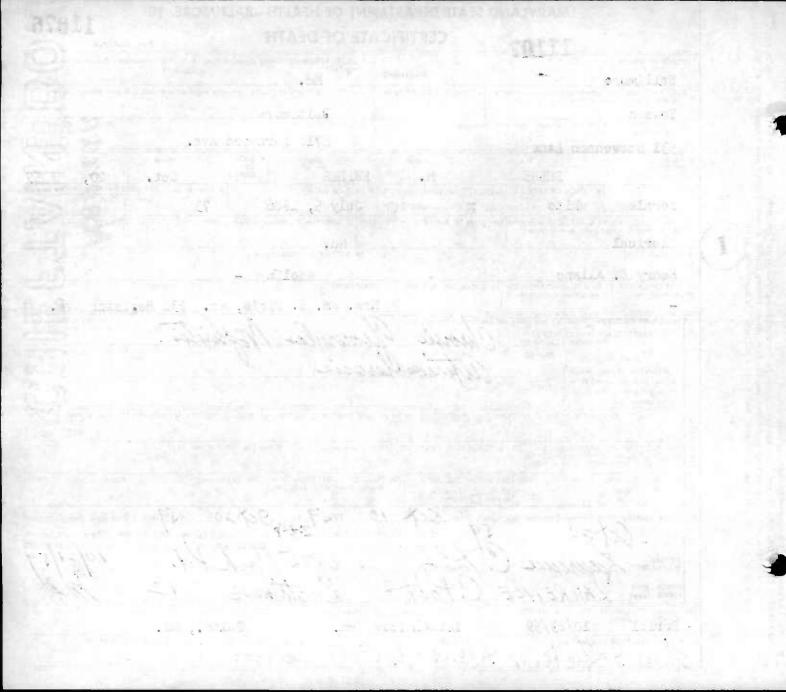
Reg. Dist. No.

1. 1	PLACE OF DEATH O. COUNTY BALTIN	ORE		MARYLAN	11 0	STATE MARYT	Where decease	ed lived. If institut b. COUNTY		ce before adn	nission)
		outside corporate lim	its, write	c. LENGTH OF STAY IN 1	b   c	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					nwn)
	FORT H			67 DAYS			TIMORE	3 3 7 (A)	(17)	340	1-4
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		. STREET ADDRESS				e. IS I	RESIDENCE
	VETERA	NS ADMINIS	TRAT	ION HOSPITAL		1704	LAUREN	S STREET			A FARM?
3.	NAME OF DECEASED	Fi	st	Middle		Lost	4. DATE OF	Мо	nth	Day	Yeor
	(Type or print)		SEPH	M.		JOHNS ON	DEATH	OCTO	BER	15	19 59
S. S	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months	TYEAR IF UN	
	MALE	NECRO	WIDOW	DIVORCED [	Fe	oruary 22	, 1877	82 yrs		Doys Hou	rs Min.
10a	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	te or foreign	country)	12. CIT	IZEN OF WH	AT COUNTRY?
	Porter			Bank	215	Baltime	ore. Ma	aryland	100	U.S.	A.
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN					
	Josiah Jo	hnson				Caroli	ne Prat	t t			
15.			CE\$2 16.	SOCIAL SECURITY NO. 17	. INFOR				iress		
[Yet	YES	2/27/98-	ナナック	212-09-4442	llini	cal Recor	ds Bal	to 18 Md	Fort	Howard	Division
		TH [Enter only one co	use per lin	ne for (o), (b), and (c).]		110001	dojbaz	.00,10,110	.1 01 0	INTERVAL	
					DT	CIETT TODES				ONSET AN	ND DEATH
	582×			CESS OF LIVER	I.I. el	GHI LOBE				UNKN	OWN
		XX EXE		CTOD TO TO THE COUNTY	073						
	Conditions, if or gave rise to in	10		KED EMPHYSEMA			D			UNKN	OWN
	cause (o), stating t	he under-		ERIOSCLEROSIS						UNAN	OWIN
7	lying cause lost.			PRIOSCLEROSIS							IOMN
OI				ONTRIBUTING TO DEATH					VEN IN PART	1 1(o) 19. WA PER	S AUTOPSY FORMED?
₹.				on of lungs,						YES	NO [
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCUP	RRED. (Ent	er nature of injury i	n Port I or Po	rt 11 of item 1B.)			
MEDICAL	20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. It While of work	_ Not while _	PLACE Of foctory,	F INJURY (Home, fo treet, office bldg., e	rm, 20f. (Cit	y or town)	(C	County)	(State)
	21. I certify the	Kattended the	decease	ed from August	)	, 19 <u>59</u> , to 0	ctober	15 1559	XXXXXXXX	70000000	30000000X
		0000000000	CXXXXC	XXXXX and that dec							
			1					itreet, city or town,		ie date sie	DATE SIGNED
	ACTUAL SIGNATURE	hn El.	Cra	enford	M.D.	VAH, BALTO	.18,MD	FT HOW	ARD DI	VISION	10/16/
	PHYSICIAN'S JO	OHN W. CRAV	FORD	, M.D.		FORT HOWA					
220	BURIAL, CREMATION			22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCA	TION (City, town,	ar county)	(5)	lote)
	urial	1 1 1	9	Baltimore	Nati	onal Cem.	Balt.	imore. Ma	arvlan	d	
23.	FUNERAL DIRECTOR'S	SISMATURE					C'D BY REGIS	TRAR 24b. REG	STRAR'S SIG	NATURE	
	1000	10010	Home				CT 1 9 '5	i9 (~	Ling S.	thous	
220 B 23.	PHYSICIAN'S JOHN BURIAL CREMATION REMOVAL (Specify)	OHN W. CRAV	Cran FORD		OR CREATION	VAH, BALTO FORT HOWA  MATORY Onal Cem. St. 240. RE	ADDRESS (S 2.18, MD RD DIV 22d. LOCA Balt	ISION ISION ISION ISION ISION (City, town, imore, M. TRAR 24b. REGI	arylan	VISI	ON



	It	em 20 Film	251 11-	AEDIC A	L EXAMINI	D'C	EDTIEL A	TE OF	DEATH	10	11075
FOR STATE			111	UC UCA	L EXAMINAL	K 3 C	EKTIFICA	IL OI	DEATH	Reg. Dist.	No.
HEALTH DEPT.	1. [	LACE OF DEATH	TO	00	MARYI		USUAL RESIDENCE	(Where decease	d lived. If institu b. COUNT		0
of Heal	b	. CITY OR TOWN (If o und give negrest fawn)		write RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	If outside corpo	prote limits, write		
X	d	NAME OF HOSPITAL	Berke	hire	pitol, give street oddress	) /	d. STREET ADDRESS	Berk	shire,	Q1.6	ON A FARM? YES NO
retainer store	1	NAME OF DECEASED Type or print)	DAR	fint LENE	Middle	KA	PPFL	4. DATE OF DEATH	Och	, 2	P 1959
may be	5. 5	EMALE	WHITE	WIDOWE		5 9	7-7-5	-9	P. AGE  In years   fast birthday) yrs.	Months Day	The same of the sa
Page 5	100 d	USUAL OCCUPATION uring most of working	(Give kind of wo life, even if retire	ork done 10b. K	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stot	e or foreign co	md.	12. CITIZEN	OF WHAT COUNTRY
Poges poges poges	0	FATHER'S NAME	Ha	ppe	1	_	Mother's maiden	NAME	Lad	ler	
divinity of the state of the st		WAS DECEASED EVER	IN U. S. ARMED I yes, give war ar date		SOCIAL SECURITY NO.	17. INFOR	MANT Vafo	sel (	Same	eas o	above)
Item, 18		PART I. DEATH	Enter only one WAS CAUSED BY MMEDIATE CAUSE	1: ()	for (0), (b), and (c). ]	- S	conda	uy 1	r		NTERVAL RETWEIN ONSET AND DEATH
Office iol-tran		Conditions, if on gove rise to immedi		10 as	prati	un a	/ Vom	this			
miner's s a bur		(o), stoting the us	derlying DUE	(c)		(					
col Exa	CATION				INTRIBUTING TO DEATH					EN IN PART 1(	PERFORMED?
word be ould be beriof,	CAL CERTIF	20g. EXTERNAL CAUS PRIMARY OF CON CAUSE OF DEATH.		Patie	nt vomited	in slo	eep and as	pirated	l vomitus		
the Chiral the rior to 13	MEDIC	Hour WENL 2 p. m.	10-28	19 59 While	rk ot work	HOT	treet, office bldg., et AB	Balt	imore 22		o Md
ded to OR: Po genf, p				-	emains described auses [], Accid				-		luming.
DIRECT		ACTUAL SIGNATURE	relle	N Co	elen	M.					DATE SIGNED
NERAL Sesign		EXAMINER'S NAME (Type)	ACK	C Poll	ins		DEPUTY MEDICAL	L EXAMINER [			16.36.55
or it		BURIAL CREMATION REMOVAL (Specify) BURIAL FUNERAL DIRECTOR'S	10-3	0-59	SACRE		HEART	BAC		or county)  Co ,  STRAR'S SIGNA	MO_
S. A15ME SM 2/57	6	John	Con	ully	418 Gaste	12/	Blid DATEN			than 8 th	
		10472	34XU	5					0		

The same	ERTHEICATE OF DEATH	2 4 HENDARASS TO		
	The State of the S			
		0.00		1
	Control of the Contro			
	The Control of Control			
		100		
Statute .			No.	
ı				
The Application of				



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

death

	MARY

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

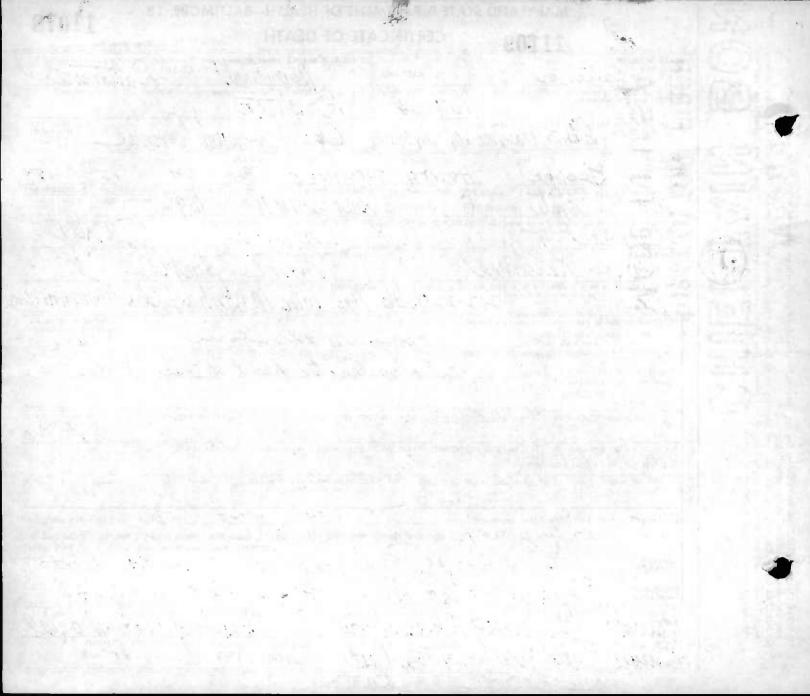
11077

#### CERTIFICATE OF DEATH

11108			Reg.	Dist. No32
1. PLACE OF DEATH		2. USUAL RESIDEN	NCE (HOME) OF DECE	ASED
COUNTY Baltimore	MARYLAND	STATE May	V/andcounty /	tarford
CITY (If outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (If outside corpo	prefe limits, write RURAL and giv	va neerest town)
TOWN Mt. Wilson	165 days	TOWN 5 +	reet	12x-2
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give loce	ation)
STREET ADDRESS Mt. Wilson Sta		110	V. 4 1	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Ray Mona	i HIBRYI	Nelly	DEATH (0 )	1 8 1959
5. SEX 6. COLOR OR 7. SINGLE, WIDOWE	ED, DIVORCED,	OF BIRTH	9. AGE lest birthdey IF U	UNDER 1 YEAR   IF UNDER 24 HRS
10e. USUAL OCCUPATION (Give kind of work   10)	b. KIND OF BUSINESS	11. BIRTHPLACE (Stete or forei	5 7 yrs.	
done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (Stete or forei	ign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	Ntee!	1 14. MOTHER'S MAIDEN	Joh Ta	1 ASA
Tanne A	Lally	MA EL VIII	T. Ha	111
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS Hospita	al Records
(Yes, no, or unk.) (If Yes, give wer or detes of service)	17/6-01-23		on State Hospit	
10	18. MEDICAL CER		in Blace nospie	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO D	P 1			ONSET AND DEATH
/63× IMMEDIATE CAUSE (A)	Larcino	ma of L	n n g	7 mon-1
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH	DINGS OF OPERATION			20. AUTOPSY?
				YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY S	(Home, ferm, fectory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	1 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?	
M.	While Not while et work			
22. I hereby certify that I attended the	deceased from \$ - 1	1950 to 10	- 2 1959	hat I last saw the deceased
alive on 10 - 3 , 19 5 0	, and that death occurred at	1050PM. from the	causes and on the date	stated above
SIGNATURE		ADD	RESS (Street, city, town, stel	10) DATE SIGNED
	Newcomer, M.D.			
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, or o	county) (State)
Dereal 10/12/5	9 Mt.Pleasant		Harrey town	w mc.
24. REC'D BY REGISTRAR REGISTRAR'S SIGN		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS W
DATE		111111111111111111111111111111111111111	IV I V	100000000000000000000000000000000000000

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REPARTS OF LINES AND ADMIN			
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			CATALON MATERIAL STREET
		NOTE OF STREET	
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oward	11110 CERTIFICATE OF DEATH  Reg. Dist. No.
direction of the direct	1. PLACE OF DEATH a. COUNTY  BATTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  BATTIMORE
funeral uld be your	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CATONS VILLE 28  7 VRS  52  CATONS VILLE 28
by the d 2 sh Cr	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  6/21 NORTHOALE ROAD  d. STREET ADDRESS 6/21 NORTHOALE ROAD  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
WD S 1	3. NAME OF DECEASED (Type or print) GRACE ISAdOR KESTING DEATH OCTOBER 5, 1959.
ed win	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED SET BITTH  9. AGE (in years last birthday)  WIDOWED DIVORCED FOR UNDERLY 14,1875  100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
tempo	during most of working life, eyen if retired)  HOUSE WIFE OWN HOME  MISSOURI  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
a g	DANIE ShAFER UNKNOWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT
ding pose renting 72 h	(Yes, no. or Unknown) (If yes, give wor or dates of service) NONE CATHERINE KESTING CATONSVILLE 28, MA  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
of the dec the atten Then ple event with Sting	PART I. DEATH WAS CAUSED BY: GENERALIZED ARTERIOS CLEROSIS ONSET AND DEATH 150.0 DUE TO
gned by permit. in any e	Canditions, if ony, which gave rise to immediate cause (a), stating the under-
he law req physician. has been si nad-transit naval, and Grace	Iying cause lost.   (c)
e o o o	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
G PHYSICIAN, pitol or ottending to this certificat for this certificat for use the large as the large of the	20c. TIME OF INJURY Month, Day, Year Hour a. m.  P. m.  19  20d. INJURY OCCURRED While Not while of work of wo
TENDING the haspit OR: After efached fo burial, ar Ieceas	21. I certify that I attended the deceased fram JAN 15, 1954, to OCT. 6, 1958, that I last saw the deceased alive an Oct. 5, 1959, and that death accurred at SAM, fram the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
oline de	SIGNATURE / Omen R. Kleman M.D. 3803 Edmond In Mrs
SPITAL be retain NERAL 3 shaul egistrar	PHYSICIAN'S NAME (Type) NORMAN R. F. LEIMAN M. D.  220. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county) (Stote)
OF STE WOOD	REMOVAL (Specify)  AWN Mausoleum 10/8/1959 Woodlawn, Temporarily Woodlawn, Md  23. ADNERAL DIRECTOR'S SIGNATURE  APPRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
V\$ A15 (4) 15M 9/58	Easton Sons, Catonsville v8, Md. DATEDET 9'59 acting & Kruss

White has an engineering and TAND C WADEL OF COMMON OF The same of the sa COLUMN TO THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH The state of the s which a place to the day of the control of the cont

CERTIFICATE OF DEATH

11080

	0		GERTINI						Reg. D	ist, No		
1. PLACE OF DEATH O. COUNTY B	altimore		MARYLAND	11 6	a. STATE	e (Wher		d lived. If institution b. COUNTY		nce befo		sion)
RURAL and give n	(If autside corporate lim learest tawn) undalk	its, write	c. LENGTH OF STAY IN 18	5	3 Dund		side carpa	orate limits, write RI	URAL ond	give nee	arest taw	n) 🍟
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, galle Yor		address)	1	d. STREET ADDRE		kway					FARM?
3. NAME OF DECEASED (Type or print)	PAUL	rst	Middle KI2	ZMAN	Lost	4	OF DEATH	Mon	h ber	Do	959	Year 19
5. sex Male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED E		an. 23,	1898	3			R I YEAR	-	ER 24 HRS. Min.
100. USUAL OCCUPATI during most of wor Machinia	rking life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE ( Hungar		foreign c	ountry)	12. C		S.A.	COUNTRY
13. FATHER'S NAME Pete	er Kizman			14	. Mother's Maid Marga:			enthal				
15. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO. 17	Wm.		3438	Log	an View I	100			
Canditions, if a gave rise to couse (a), stating lying couse last.	the <u>under-</u>		oronary		astes	is	5d	erosi	æ	4	ty	Par
20g. ACCIDENT W	THER SIGNIFICANT CON  TAS UNDERLYING  G  G  CAUSE OF DEATH Y MEDICAL EXAMINER)		CONTRIBUTING TO DEATH B						EN IN PA	RT 1(o)	PERFO	AUTOPSY DRMED?
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	20d. II While at war	Nat while		OF INJURY (Home, street, affice bldg		20f. (Cit)	y or tawn)		(County)		(State)
21. I certify tolive onS	hat I oftended the	deceas		M.D.	, 1952-to curred at			m the causes of treet, city ar tawn,	ind on		te stot	deceased ed abave ATE SIGNEE - 5 4 5
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO	B. W.	OF.	OLLOD,	M. C.	D.	8	24.1004	TION (City, town,	or county!	12	- ) (Sto	-d
Burial (Specify	10/7/59		Oak Lawn	_	etery		Co.	Lgate, Md	•			
23. FUNERAL DIRECTOR	R'S SIGNATURE	Dear	ADDRESS		240.		8Y REGIS		STRAR'S S			

may be retained by the hospital ar attending physician.

O FUNERAL LACIOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 fours offer death. TO FUNERAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 9/S5

death. Page 4

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			THE RESERVE OF THE PARTY OF THE
	DESCRIPTION OF THE PERSON OF T		
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A.U.B.			
	Territor State mentals		MORNAGE CO. ALTO SECURITION OF THE PARTY OF
			Section (Section 1997)
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11119

**CERTIFICATE OF DEATH** 

L.		7777V								Keg. U	ST. NO.		
1.	o. COUNTY Bal	to.	15	MARYL	AND	2. USUAL RESI	DENCE (Who		lived. If institut b. COUNT		nce befa	re odmissi	ion)
	b. CITY OR TOWN (III RURAL and give ne Towson		ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR	ALC: NO	utside corpore	ate limits, write	RURAL and	give ned	arest town	)
F		AL (If not in hospital, 531 St. Nursing Ho	ive street evens	on Lane		d. STREET A		rles S	t.				DENCE FARM? NO
_	NAME OF DECEASED (Type or print)	Fii MA	st	Middle E		KOLB		4. DATE OF DEATH	Мо	nth Ct.	D.	0	ear 9 59
S.	female	6. COLOR OR RACE	7. MARR	NEVER MARRIE		Mar. 18.	- 4		9. AGE (In years last birthday) 83 yrs	Months	Days	IF UNDE Hours	R 24 HR
	Od. USUAL OCCUPATION during most of work Housewife		done 10b.	KIND OF BUSINESS OF		ne Mc	ACE (Stote			12. CIT	IZEN O	WHATC	OUNTRY
3	. FATHER'S NAME					14. MOTHER'S							
1	Robert Mar						theri	ne Jon					
	S. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	- 500	IFORMANT		1		dress	_		
	no			none	M:	rs. Rich	ard D	. Cole	- 625	Valle:	y La	ne	
CATION	gave rise to in couse (a), stoting lying cause last.  PART II. OTH	the under-	)	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	) THE TERMI	NAL DISEASE	CONDITION G	VEN IN PAI	RT 1(a) 1	PERFO	RMED?
CEPTIE	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CCURRED	. (Enter nature o	f injury in P	art I or Port	II of item 18.)			YES [	NO <b>(</b>
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED  Not while  of work		CE OF INJURY ( tory, street, offic			or tawn)	(	County)	95	(State
	21. I certify the alive an	at I attended the	deceas	10/1	death	accurred at	7117	M, fram t	he causes a			stated	
2.	PHYSICIAN'S NAME (Type)	AUREN N. 226. DATE THEREO	CE	22c, NAME OF CEME	TERY CO	CREMATORY	alle	ZZd. LOCATI	ON (City, town,	or county)		Me	1
	REMOVAL (Specify) Burial	10/21/5	9		Ldge	Cem.			ville.			(3,0)	,
23	B. FUNERAL DIRECTOR'	S SIGNATURE	-4	Series - 1	ba	0017	24a. REC'E	BY REGISTE	RAR 24b. REG	ISTRAR'S SI			
	J				6	nex							

TO FUNERAL DILECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

death. Page 4

TO HOSPITAL OR VS A1S (4) 1SM 9/SB for an TITLE SEED CHIRD AT SEED OF THE LOCAL PROPERTY. The second secon Taken and the state of t ALT IN THE RESIDENCE OF THE PARTY OF THE PAR

# HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the ficate, writing the ward "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral clar. Page 4 should be an orded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 3, your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar remayal, and is any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11083

1		1111	3							Reg.	Dist. No	<b>)</b> .	
	o. COUNTY	Baltimor	e	MAR	YLAND	2. USUAL RESIDE		vhere deceor	sed lived. If institution in the b. COUNT		dence be		ission)
	b. CITY OR TOWN (II	eutside corporate limits, write timore—rur	rural	c. LENGTH OF STAY	(IN 1b			outside cor	parate limits, write	RURAL o	nd give r	earest to	wn)
	d. NAME OF HOSPIT	Deanwood	Ave.	tol, give street addre	rss)	d. STREET ADE 1306		nwood				ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Firs <b>HERMA</b>	N HERM	Middle  AN KRA	BEE	Last		4. DATE OF DEATH	Mont		Doy 19		9 59
	5. SEX male	6. COLOR OR RACE white	7. MARRIED	NEVER MARRIE	ED 🔲 8. 1	Mar 7,	188	6	9. AGE (In years lost birthday) 73 yrs.	IF UNDE Manths	R TYEAR Doys	IF UND Hours	ER 24 HRS. Min.
1	100. USUAL OCCUPATION  during most of working  onerat		ione 10b. KIN	B T	INDUSTRY	Mari	E (Stote	or foreign o	country)	12. CI	TIZEN O	F WHAT	COUNTRY
1	13. FATHER'S NAME HENRY	Krabbe	25			14. MOTHER'S MA	rkno						
	15. WAS DECEASED EV	ER IN U. S. ARMED FOI (If you, give wor or doles of		OCIAL SECURITY NO		nnie K.	K	rabbe	Address		same		
		TH [Enter anly ane cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		(o), (b), ond (c).}	1 her	morrage					ONS	EVAL BETWEET AND DE	EEN ATH
	Canditians, if a gave rise to imme (a), stating the couse last.	diate couse	Н	ypertensi	ve ca	rdioveso	ula	r dise	ase		1	ındet	t
	5	HER SIGNIFICANT CON								EN IN PA			AUTOPSY ORMED?
	-	JSE WAS NTRIBUTING   20	b. DESCRIBE H	HOW INJURY OCCU	IRRED. (Ent	er noture of injury	y in Port	l or Part II	of item 18.)				
	20c. TIME OF INJU	RY Month, Doy, Yeo	While of work	Nat while	20e. PLACE foctor	OF INJURY (Hon y, street, office blo	ne, form dg., etc.	20f. (City	or town)	(C	ounty)		(Stote)
		resulted from: N				], Suicide [	□, ⊦	lomicide	nspection <b>K</b> , Undete	Inqu		-	d in my
	EXAMINER'S NAME (Type)	ЈОНИ С НУ	le	MD			MEDICA	AMINER [] AL EXAMINE EXAMINER (		10-19	9-59		
	220. BURIAL CREMATIC REMOVAL (Specify)	10-23-	59 2	HOLU Re	1			Ba	TION (City, lown, Litimore	M	d.	(Stote	•)
	23. FUNERAL DIRECTOR Leonard		5305 1	Harford	Rd		o. REC'E	21 '59		STRAR'S SI	4 -	RE	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	Reg. Dist. No.	
1.	o. COUNTY Butto.  2. USUAL RESIDENCE (Where deceosed lived. If institution: desidence before admission of STATE b. COUNTY Butto.	n)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and account town)  C. LENGTH OF STAY IN 1b  C. CITY OF TOWN (If autside corporate limits, write RURAL and give nearest town)  52 City OF TOWN (If autside corporate limits, write RURAL and give nearest town)	
	d. NAME OF HOSPITAL (If not in haspitat, give street address)  STREET ADDRESS  ON A F  YES   ON A F	ARM?
3.	DECEASED OF OF	w s
7	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years look)   15 Under   1	24 HRS Min.
	Ob. USUAL OCCUPATION (Give kind of work done duple duple most of working life, even if retired)  Neill  N. S. d  12. CITIZEN OF WHATCO	
3	Herman Kriete amelia Bergner	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. WHORMANT AGREES Yes, no, or unknown   Ilf yes, give wor or dates of service   Identification of the service   Identificati	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma of the breast with metasteses  2 year  Conditions, if ony, which gove rise to immediate cause (a), stating the under:  DUE TO  DUE TO	EATH
CERTIFICATION	lying couse last.   (c)	MED?
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)   大大大大大大大	(Stote
	SIGNATURE MICHELE JACK JACK JACK JACK JACK JACK JACK JACK	abave SIGNE
22	PHYSICIAN'S NAME (Type) Millard T. Traband, Jr.  Baltimore, 7, Md.  20. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL Specify 22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  (State)	
23.	24a. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  DATE 1 2 159  Only & Known	

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hauring redeath. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DARGEOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be kied with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

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# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nycatary, please execute the conficiency, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral clark. Page 4 should be reflected to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by your files.

TO FUNERAL LiveECTOR: Page 3 should be used as a buriol-fronsit permit. File pages 1, 2, and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any evert within 72 hours ofter death.

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VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY ALTO MARYLA	NO O. STATE B. COUNTY RALTO
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ESSEX	54ESSEX
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
334 UPPERLANDING RD.	334 UPPERLANDING RD YES NO
3. NAME OF Pirst Middle DECEASED	Lost 4. DATE Manth Day Year
(Type or print) ERIC K RUHN	RE DEATH CCT, 21 1959
5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED	lost birthday)
MALE WHITE WIDOWED DIVORCED	9-7-04 55 yrs. Months Days Months
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if refired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
BLACKSMITH	GERMANY U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
OTTO KUHNKE	W. DANNAMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unknown)   1 (It yes, give wor or dates of service)	7. INFORMANT Address
213-10-3425	BARBARA KUHNKE- SAME AS ABOVE
18. CAUSE OF DEATH [Enter only one cause per line for (g)) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	lung
163 X DUE TO	- Comment of the comm
Condition It is a MAN	
gave rise to immediate cause	
(o), storing the underlying	
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
OI I	PERFORMED?
20g EXTERNAL CAUSE WAS 20h DESCRIBE HOW INTURY OCCURRE	D. (Enter noture of injury in Fort I or Part It of item 18.)
CAUSE OF DEATH.	D. Lemen notice of injury in 700 f of 700 f to from 10.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)
Haur o. m. While Not while of work of work	i i
21. I certify that I took charge of the remains described a	above, held on Autopsy . Inspection . Inquiry . ond in my
opinion death resulted from: Natural couses II. Acciden	nt , Suicide , Homicide , Undetermined monner
MA WALLET	
SIGNATURE ACCIOCATIONS	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S SAL O DOLLARS	ASSISTANT MEDICAL EXAMINER [] 10-23-5
NAME (Type) J /TCL COLL / VV	DEPUTY MEDICAL EXAMINER (
220. BURIAL, CRÉMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY SEMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  HEART BALTO, CO, MO
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
John S. Connelly 48 Gastern	Blid - DATE OCT 27'59 arthur S. Krous

	CENTIFICATE OF DEATH		*	NATURE OF THE PARTY OF THE PART
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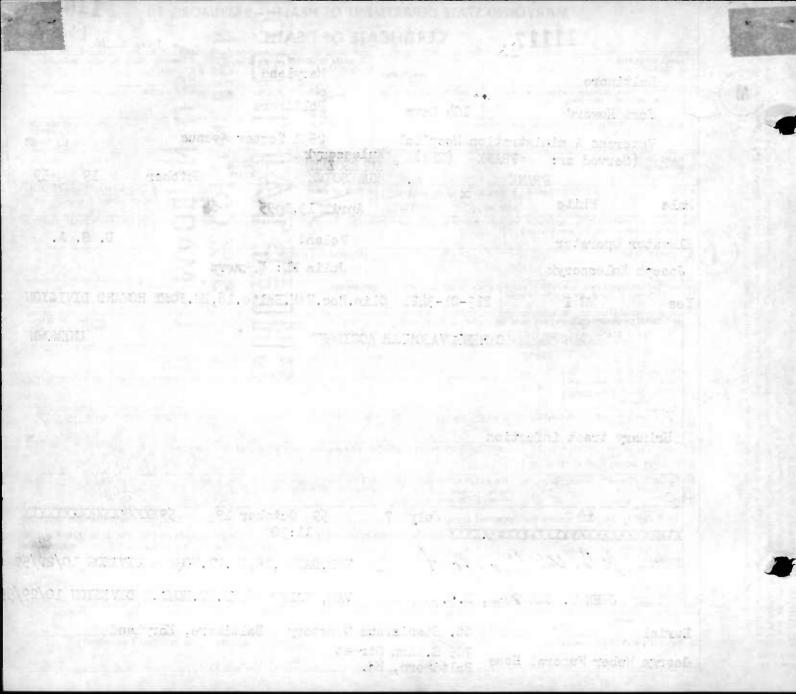
VS A15 (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11117 CERTIFICATE OF DEATH

Reg. Dist. No.

a. COUNTY Baltimore	MARYLAND	a. STATE Maryla	nd b. COUNTY		rore damission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Fort. Howard  d. NAME OF HOSPITAL (If not in hospitol, give street or	c. LENGTH OF STAY IN 1b  101 Days  ddress)	c. CITY OR TOWN (IF Baltim	autside carporate limits, write R	CURAL and give r	learest town)
Veterans Administration	n Hospital	2531 F	oster Avenue		ON A FARM? YES NO 🔀
3. NAME OF (Served as: FirsFRANK (Type or print) FRANK	A. K	ULESCZEK) ULESCZEK	4. DATE Mor	er	19 1959
5. SEX Male  6. COLOR OR RACE Windows White Widows	1000	B. DATE OF BIRTH April 13,18	9. AGE (In years birthday) 63 yrs.	Months Day	AR IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Elevator Operator	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e or foreign country)		S. A.
Joseph Kuleszczyk		Julia MN:			
(Yes an as unbeased) (If		NFORMANT Lin.Rec.VAH.B	alto.18, Md.FOR		DIVISION
1B. CAUSE OF DEATH [Enter only one couse per line  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (o), stoting the <u>under:</u> lying cause lost.  (c)	EBROVASCULAR	ACCIDENT		0	ITERVAL BETWEEN NSET AND DEATH UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CO  Urinary tract infection 20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)			MINAL DISEASE CONDITION GIVEN Part I ar Part II af item 18.)	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Haur a.m. While		ACE OF INJURY (Home, far ctary, street, affice bldg., et	(c.)	(Caunt	y) (Stote
21. I certify that kattended the deceased MANYEXANXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX and that death	M.D. VAH, BALTO		state) D DIVIS	te stated abave DATE SIGNE ON 10/20/1
22a. BURIAL, CREMATION, REMOVAL (Specify) RIFT al	M.D.  22c. NAME OF CEMETERY O  St. Stanisla	R CREMATORY	22d. LOCATION (City, town, Baltimore, Ma	or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE  George Weber Funeral Home	705 S. Ann S	treet 240. REC		STRAR'S SIGNAT	TURE



# HEALTH DEPT

TO DEPUTY

AL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is no sary, please execute the licase, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral lictor. Page 4 should be you arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, priar to burial, cremation, ar remarkal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8	1	10	86
Rea. Dist.	No.		

	-		
		COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Baltimore
)	Ь	c. LENGTH OF STAY IN 16 and give nearest town).  Baltimore	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  X Baltimore
	d	Hillendale Country Club	1 d. STREET ADDRESS 3201 Beverly Rd.  6. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
		NAME OF First Middle  DECEASED Typo or print) Wanda Melanie Kur	Lost 4. DATE Month Day Year OF DEATH Oct. 25 1959
	5. S	emale   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B.	DATE OF BIRTH  9. AGE   In years   IF UNDER 1YEAR   IF UNDER 24 HRS.
)	d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRUCTION of working life, even if retired)  at home	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA  USA
		John Kedzierski	14. MOTHER'S MAIDEN NAME Unknown
		no, or unknown)   (If yes, give war or dates of service)	r Andrew Kunkowski same
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	dy Coches and Death
3	CERTIFICATION		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		200. EXTERNAL CAUSE WAS PRIMARY   0r CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Er	nter nature of injury in Port 1 or Port 11 of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work 19 of work 19	CE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stale) (Stale)
		21. I certify that I took charge of the remains described above opinion death resulted from: Natural courses . Accident	
	6	BURIAL CREMATION, 1226 DATE THEREOF 122c. NAME OF CEMETERY OR OF UTILAL (Specify) 10-28-59 Dularey Va	lley Mem. Towson. Md.
	23. 	eonard J. Ruck 5305 Harford Rd	240. REC'D BY REGISTRAR DATE OCT 2 7 '59  Author S. Hans

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11088

	TITE CERTIFICA	ALE OF DEATH	g. Dist. No
M	1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: R o. STATE  Maryland  b. COUNTY	/
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret from) UationSVIIIe  10 days	c. CITY OR TOWN (If outside corporate limits, write RURAL	L ond give neorest town)
		Baltimore 3 vo.	
014	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SPRING CROVE STATE HOSPITAL	d. STREET ADDRESS 817 St. Paul Street	e, 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) Jenny	Lost 4. DATE Month OF DEATH OCTOR	Doy Yeor Der 2 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last highland in	INDER 1 YEAR IF UNDER 24 HRS.
	female white widowed DIVORCED	July 21, 1888 71 71 %	onths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  domestic	STRY 11. BIRTHPLACE (Stole or foreign country)  Maryland	U. S. A.
I	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Henry Landy	Bessie Bramson	
	15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address	
		cords: SPRING GROVE STATE	HOSPITAL
	gove rise to immediate couse (a), stating the under-lying couse lost.	tic cardiovascular disease	ONSET AND DEATH
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO 2
		D. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)
	ACTUAL SIGNATURE Stella Wachsler	accurred at 1:55 P.M., from the causes and ADDRESS (Street, city or town, state M.D. SPRING GROVE STATE HOS)	
	PHYSICIAN'S Stella Wachsler, M. D.  220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	Catons ville 28, Maryland PRICE CREMATORY 22d LOCATION (City, town, or co	untul a (Class)
	Bremoval (Specify) Oct 5/59 Chel Yal	sav Baltimae	R'S SIGNATURE
do	Sol Leunson & Buts - 1124-26 W. no		R'S SIGNATURE

TO HOSPITAL OR TO FUNERAL VS A15 (4) 15M 9/55

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs,

by the hospital or attending physician.

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			Tr.	1012 12 00 00 00 00 00 00 00 00 00 00 00 00 00	

(Stote)

DATE SIGNED

10-16-5

Reg. Dist. No.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE ON A FARM? YES NO

Month Day Year 1959

IFUNDER TYEAR IF UNDER 24 HRS Months

12. CITIZEN OF WHAT COUNTRY?

RIVERSIDE DRIVE INTERVAL BETWEEN

6 Hour

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED?

NO T

(County)

Inspection , Inquiry RI, and find that

Hamicide . Undetermined cause .

**EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF

22d. LOCATION! (City, town, or county) (Stote)

REMOVAL (Specify) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S, SIGNATURE Orthor S. Thouse 8 HUDSON ST. (24)

VS. A15ME(5) 5M 9/55

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CONTRACTOR BONE LEG BY	Carren and Borner
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THE TOTAL PROPERTY OF THE PARTY	
Fred May Lewis Garage Land	Although Alexander Assault 254
	and the first and the second second second second second

VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11120

### **CERTIFICATE OF DEATH**

11090

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY BE	altimore	Coun	ty MARYLAI	2. USU o. S	AL RESIDENCE (W	there deceosed land	lived. If institution b. COUNTY	Residence Balt		
RURAL ond give n		s, write	c. LENGTH OF STAY IN	1b c. C			ote limits, write RUI	RAL ond give	nearest tow	n)
Cockeys	sville		life	1	Cockey	sville				
OR INSTITUTION	TAL (If not in hospitot, gi	ve street a	ddress)	/ d. s	Falls	Road	R.R		ON	SIDENCE A FARMA
3. NAME OF DECEASED (Type or print)	* First Marga		Middle Larmor		Leaf	4. DATE OF DEATH	Month		Day	Yeor 19 59
5. SEX			DAT MOT	_	OF BIRTH		AGE (In years			
female	100	WIDOWED			14-1881		78 birthdoy) yrs.	Months Do	ys Hours	Min.
10a. USUAL OCCUPATI during most of wor NOUSE V	ON (Give kind of work drking life, even if retired)	lone 10b, K	nd of Business or II	NDUSTRY 11.	Maryla:	_	untry)	12. CITIZE	U.S.	
13. FATHER'S NAME		4		14. M	OTHER'S MAIDEN	NAME				
John H.	Larmore				Margar	et Bat	chlor			
	ER IN U. S. ARMED FORG	CES? 16. Service)	OCIAL SECURITY NO.	INFORMA	NT	No. of the	Addre		keysv	ille
no				Rober	rt M. Le	eaf	Falls R	oad	M	d.
PART I. DE.	immediate (DUE TO		Gerebral Hyperten		rhage					days
lying couse lost.	The under-		Arterios	clero	sis				Ye	ars
PART II. OT	HER SIGNIFICANT CONF	-	ONTRIBUTING TO DEATH	BUT NOT REI	ATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	N IN PART 1(	PERF	AUTOPSY ORMED?
20a. ACCIDENT W	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCCU	URRED. (Enter	noture of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yea	While	Not while of work		NJURY (Home, far et, office bldg., et		or town)	(Cou	nty)	(Stote
21. I certify to alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Typ4)	James Saf	19	and that de	eath accur	Reiste	M, from the ADDRESS (Street	59., 19,tl he causes and eet, city or town, st , Md.	an the d	ate state	d abave
220. BURIAL, CREMATIC REMOVAL (Specify Burial		F	22c. NAME OF CEMETER Grace Met		TORY	22d. LOCATI	ON (City, town, or eysvill	county)	(Sto	
23. FUNERAL DIRECTOR Brooks Fu	S'S SIGNATURE	vice	622 Yorl		24a. REC	D BY REGISTR	24b. REGIST		ATURE	84

SWC UTILET .S.R . - Aron alles car december to the Talkotel Jacobler -.of Frvarskood was a Robert M. Leaf - Palls ford Carrie Tennel Laure execu -aleccedaminarias an Prestation to the second of th Lerster's toler. . brace Hethodist Contemporation , id. 63-11-11 181-165 epives imsauf along - Million A district

VS A1S (4) 15M 9/SB 11091

11121 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH O. COUNT Baltin	nore	77	MARYL		Maryland	Where decease	ed lived. If institution b. COUNTY	n: Residence	before admiss	ion)
	b. CITY OR TOWN (IF	outside corporate limits,	write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (I	If outside corp	orote limits, write RL	JRAL and gi	ve nearest town	1)
	RURAL and give ne	loward		13 Days		Baltimore			3	101-1	1
	d. NAME OF HOSPITA	AL (If not in hospital, give	street o	oddress)		d. STREET ADDRESS				e. IS RES	IDENCE
	Veterans	s Administra	tion	n Hospital		5207 Euge	ene Ave	nue			FARM?
3.	NAME OF DECEASED (Type or print)	DAN IEL.		Middle $\mathbf{E}_ullet$		EAKINS	4. DATE OF DEATH	October		Day	19 59
5.	SEX	6. COLOR OR RACE 7.	MARRI	ED INEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UND	
1	Male	White w	IDOWE	D DIVORCED	□ S	eptember 22	1889	70 yrs.	Months [	Days Hours	Min.
L	during most of working most of working most of working most of working manager - I	N (Give kind of work doning life, even if retired) Retired		kind of Business or asoline Sta			k Co.,	Maryland		S. A.	OUNTRY?
		anlei na									
-	Daniel E. I	IN U. S. ARMED FORCES	2 14 9	SOCIAL SECURITY NO.	INF	Laura Boon	16	Addr	att		
		if yes, give war or dates of service	a)		- 40.0		D 21				
	T	WW I		13-05-4743	CII	n.Rec.,VAH,	Balto.	10, Md. Fo	rt Hov	4	
		TH [Enter only one couse TH WAS CAUSED BY: 1MMEDIATE CAUSE (o)		e for (o), (b), ond (c).] EBROVASCULA	R AC	CIDENT				ONSET AND	DEATH KS
	Conditions, if on gove rise to in	7, WILLEL (b)	GENI	ERALIZED AR	TERI	OSCLEROSIS			-919	UNKNO	WN
	couse (o), stoting to lying couse lost.	he under	DIAI	BETES MELLI	TUS					31 YE	ARS
NO	PART II. OTH	ER SIGNIFICANT CONDIT	ONS C	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TER	RMINAL DISEA	SE CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY ORMED?
CATION	Pneumonia	. Cardiac D	ecor	mpensation							NO A
CERTIFI				RIBE HOW INJURY OC	CURRED.	(Enter noture of injury i	in Port I or Po	rt II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. IN While of work	_ Not while _		E OF INJURY (Home, for ry, street, office bldg., o		y or town)	(Co	ounty)	(Stote)
	21. I certify the	at Kattended the de	ecease	ed from Octobe	r 15	1959 to C	ctober	28 159		CAGCIECE	1666661
		000000000000									
		4 4		A A	200111	CONTOG COMERCE		Street, city or town,			E SIGNED
	ACTUAL G	of War	rau	viteral		VAH BALTO	18 M	ET HOMAR	יעדת ת	ISTON 1	0/28/
	SIGNATURE	ilm v. C.		<i>(</i> '	M.	D. VAIL DALIE	, o To o time	er i shough	n n .	TOTOM T	01-501.
	PHYSICIAN'S JO	HN W. CRAWFO	RD,	M.D.		VAH, BALTO	18,MD.	FT.HOWARD	DIVIS	SION 1	0/29/
22	o. BURIAL, CREMATION	N, 22b. DATE THEREOF		22c. NAME OF CEMET	ERY OR	REMATORY	22d. LOC/	ATION (City, town, o	or county)	(Stol	(e)
	REMOVAL (Specify) Burial	10/ 31/59		Lorraine	Park	Cemeterv	Woo	dlawn	Man	rvland	, N.
23	FUNERAL DIRECTOR'S			ADDRESS	- OLI		C'D BY REGIS		TRAR'S SIGI		770 11
,	Wm. T. Tickne	er & Sons.No	nth	& Ponna Av	os R				MA 8 90		
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	- 100 miles	es Control on tag	and 5972 C	To be the second
	E Davidson	nila asy and	of Survey and	

VS A15 (4) 15M 9/5B

		STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18 1109
	11122	CERTIFICATE OF DEATH	Reg. Dist. No.
1		2 LISUAL RESIDENCE (Where deceased lived If in	estitution: Residence before admission)

1. PLACE OF DEATH o. COUNTY	A BALTIMOR	E CO.	MARYL		o. STATE	E (Where decease	ed lived. If instituti b. COUNTY		oefore admission)	
	(If outside corporate limi nearest town)		c. LENGTH OF STAY II	N 1b		N (If outside corp	orote limits, write R	URAL and give	nearest town)	
OR INSTITUTION	TAL (If not in hospital, g	ive street o	ddress)		d. STREET ADDRE	CROFTLE	Y ROAD		e. IS RESIDENC ON A FARM YES NO	
3. NAME OF DECEASED (Type or print)	Fir	st	Middle ANNE	LD	Lost IMAN	4. DATE OF DEATH	Mor OKTOBE		Day Yeor	59
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRI	DIVORCED		ATE OF BIRTH	1885	9. AGE (In years lost birthdoy) 74 yrs.	IF UNDER 1 Y	EAR IF UNDER 24 I ys Hours Mi	
10a. USUAL OCCUPATION during most of wor NOUSEWIF	ON (Give kind of work rking life, even if retired	)	IND OF BUSINESS OR			(State or foreign o	country)		OF WHAT COUNT	TRY?
	A. COOPER			1	ANNE E	DEN NAME				
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s NONE	CES? 16. S	97-05-636	7	RMANT FREDERI	CK GELTZ	Add 20		EY ROAS	
Conditions, if a gove rise to i couse (o), storing lying couse lost.	immediate DUE TO	, # , a	yper	TH BUT NO	T RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	VEN IN PART 1	10 yr	
OR CONTRIBUTION	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter noture of inju	ury in Port I or Po	rt II of item 18.)		YES NO	
20c. TIME OF INJUI Hour o.m. p.m.	RY Month, Doy, Yes	While	URY OCCURRED  Not while of work	20e. PLACE foctory	OF INJURY (Home , street, office bldg	e, farm, 20f. (Cit g., etc.)	y or town)	(Cou	nty) (St	tote)
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	hat rattended the	decease , 19.5	-/7			PM, fram		d an the d	saw the decea ate stated abo DATE SIGN	ave.
	Oct. 17.	- 100000	22c. NAME OF CEMET				ation (City, town,		(Stote)	
23. FUNERAL DIRECTOR			ADDRESS	ome c		. REC'D BY REGIS		STRAR'S SIGN	ATURE hung S. Kraus	

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John Burns! both, owner, Mary Frid

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11094

CERTIFICATE OF DEATH 11124

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY Baltimore MARYLAND	STATE MARYLAND COUNTY			
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)			
	OR end give neerest town) TOWN Mt. Wilson  /2 months	TOWN BALTIMORE CITY 3001-4			
	HOSPITAL OR				
52	institution or street address Mt. Wilson State Hospital	ADDRESS 3614 HOWARD PARK AVE			
	3. NAME OF (First) (Middle) (Type or Print) GRACE INEZ LIGHT	7/30 CIRN 4. DATE (Month) (Dey) (Yeer) OF DEATH OCT 25			
	5. SEX FEMALE 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) MARRIED 8. DATE OF WIDOWED, DIVORCED, (Specify) MARRIED 9/2	F BIRTH  9. AGE lest birthdey  IF UNDER 1 YEAR  IF UNDER 24 HRS.  Months Days  Hours Min.			
	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE OWN HOME	11/ BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY A COU			
1	13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	CHARLES CLOPPER	ESTA POFFENBERGER			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS HOSPItal Records			
	(Yes, no, or york,) (If Yes, give wer or detes of service) NONE	Mt. Wilson State Hospital			
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH			
	D //	TI ONSEL AND DEATH			
	IMMEDIATE CAUSE (A) Julimonary	full culosis 31 years			
	ANTECEDENT CAUSE(S) DUE TO				
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
	STATING UNDERLYING CAUSE LAST. DUE TO				
7	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  OTHER SIGNIFICANT CONDITIONS  CONTRIBUTION  CONTRIBUT	tie Cardiac Disesse unknown			
×	19e, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20: AUTOPSY?			
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,   21	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)				
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While Not while et work 21f. HOW DID INJURY OCCUR?				
	22. I hereby certify that I attended the deceased from 10/21, 1958, to 10/25, 1959, that I last saw the deceased				
1	alive on 19 3 , and that death occurred at 4.30 M, from the causes and on the date stated above.				
٧					
10M	Wm. Newcomerw.c. Superintendent, Mt. Wilson, Md.				
-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	perintendent, Mt. Wilson, Md.			
A15C 1-55	REMOVAL (SPECIFY)				
	Burial   10/28/59   Keedysvill	le Cem. Wash Co			
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
N	DATE OCT 28 59 Cirkling & Krana	Wm F. Bast & Son. Boonsboro, Md.			

HTARGET MOATE OF DEATH AND THE RESIDENCE OF THE PARTY CELLS END MADE VALUE OF THE Lintennia sont ought ought and The state of the s 

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Va F. Basi & Con. . Boonaboro. Md.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11023 CERTIFICATE OF DEATH

11095

11069	Reg. Dist. No.		
1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceated lived. If institution: Residence before admission) a. STATE  SALTURAS SUNTY		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give georest (s/wa)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1200 Lindle Web	1200 Linden and	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) Sollys Middle	Linder 4. DATE OF DEATH OCT	Day Year	
5. SEX. 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   DIVORCED		FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.	
Oa. USUAL OCCUPATION (Give kind of work done during most of yorking life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME Trank R Subbs	14. MOTHER'S MAIDEN NAME Shiple	y.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) [If yes, give wor or dates of service]	Louis Flinder 1200 Lo	redew the	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Breast & bres	INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stoting the under lying cause last.  (b) melastas  (b) melastas  (c) tro	as (1 tems)	5-ynos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO	
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F While Not while ot wark at wark	PLACE OF INJURY (Home, farm, actary, street, office bldg., etc.)	(County) (State)	
21. I certify that I attended the deceased from	h occurred ot ADDRESS (Street, city or town, sto	d an the date stated above	
220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF TEMETERY OF TEMETERY OF TEMETERY	OR CREMATORY 22d. LOGATION (Gity, town, or Sulta	county) And (State)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Lidger	240. REC'D BY REGISTRAR 24b. REGISTR DATE OCT 7 59	LAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours proof death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DESTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 shoulder, detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registror prior to buriol, cremation, ar remayal, and in any event within 72 hours ofter depth. VS A15 (4) 15M 9/55

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	Lagar	- ton - 100	

Reg. Dist. No.

Hour a.m.  19   While of work   of work   of work   of work    21. I certify that I attended the deceased fram   19   19   19   19   19   19   19   1		110	o. STATE b. COUNTY								
Beltimore  MANTIAND  Maryland  Month, write RURAL and give necessit bown)  Maryland  Month (22)  d. NARK GRADESS  Month (22)  d. NARK GRADESS  Month (12)  Month (					0.51		here decease			e before od	mission)
b. CITY OR TOWN If outside corporate limits, write RURAL and give necreat town)  DUNGAL (Policy expect town)  DUNGAL (Policy of NO. 1)  DUNGAL (Poli		more		MARYLAND		2.7	nd	B. COUNT	Balt:	imore	
Dundalk 22  d. NAME OF DETAIL (If not in hospitul, give street address)  803 Wise Avenue  3. NAME OF DETAIL (If not in hospitul, give street address)  803 Wise Avenue  3. NAME OF DETAIL (If not in hospitul, give street address)  5. SEX  6. COLOR OR RACE (7. MARRIED OF THE MAR	b. CITY OR TOWN	(If outside corporate limits	s, write	c. LENGTH OF STAY IN 11	c. C	TY OR TOWN (If	autside carpa	orote limits, write R	URAL ond gi	ive nearest t	lawn)
d. NAME OF HOSPITAL (If no in hospital, give street address)  803 Wise Avenue  805 Wise Avenue  806 Wise Avenue  807 Mist October 31st, 1959  105 Décrator from the first of work dome in the first windows of the f					53	Dundal	k (22	2)			
SO3 Wise Avenue	d. NAME OF HOSP	TAL (If not in haspital, gi	ve street o	oddress)	d. S	TREET ADDRESS		-		e. 1S	RESIDENCE
DECEASED (PROPORTION)  FRISBY +++++ LLOYD, Jr. DEATH OCTOBER 31st, 1959  5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIETH   9. AGE (In years fall birthdoop)   6. DESCRIBE HOW INJURY COLURRED   10. DESCRIBE HOW INJURY OCCURRED   10. DESCRIBE HOW INJURY OCCURRED   10. DESCRIPTION OF FORM, 10. DESCRIPTION OF WHAT COUNTY   10. DESCR			е		1	803 Wi	se A	venue			
S. SEX   S. COLOR OR RACE   7. MARRIED STANVER MARRIED   S. DATE OF BIRTH   9. AGE [In years   Interded   Individual   I	DECEASED				LLO		OF	0-4-1	- 1		Yeor 59
male White WOOMED DIVORCED FOD. 23, 1890 69 yr.    Substance Country C	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years			NDER 24 HRS
Meter Repairman   Steel   Baltimore, Maryland   USA   Meter Repairman   Steel   Baltimore, Maryland   USA   Meter Repairman   Steel   Baltimore, Maryland   USA   Meter Repairman   Steel   St	male	white	WIDOWE	D DIVORCED	Feb	.23,189	0		Months	Doys Ho	urs Min.
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15. NAS DECEASED EVER IN U. S. ARMED FORCESS   16. SOCIAL SECURITY NO.   17. INFORMANT   217-09-1436   Mrs. Saddie W. Lloyd   Same as #2	Fris	by Lloyd.	Sr.		M	argaret	Lvne	ch			
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21. I certify that I attended the deceased from	OR CONTRIBUTING	G CAUSE OF DEATH									
21. I certify that I attended the deceased from	TO 20c. TIME OF INJU	RY Month, Day, Year	r 20d. IN	JURY OCCURRED 20e.	PLACE OF II	NJURY (Hame, farm	n, 20f. (City	or town)	ICo	ounty)	(State)
21. I certify that I attended the deceased from	Hour o. m.	19			factory, stre	et, office bldg., etc	:-)		347		
alive on 707 30, 19 57, and that death occurred at 0:15 PM, from the causes and an the date stated about the				1200		- 119	1	76 . 17			
ACTUAL SIGNATURE ADDRESS (Street, city or lown, stote)  DATE SIGNATURE ADDRESS (STREET, city or		hat lattended the	decease		, 1	9_7/_, ta	DIA				
ACTUAL SIGNATURE WWW M.D. 33 Dundalk Avenue 11/2/  PHYSICIAN'S NAME (Type) David H. Andrew, M.D. Baltimore 22, Maryland  220. Burial, Cremation, 22b. Date Thereof Remotal (Stole) Burial (Specify) 11/4/59  22c. Name of Cemetery or Crematory Gardens of Faith Baltimore Co., Maryland  23. JFUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	alive on	101 30,	-, 12-1	and that dec	th occurr	ed ath Dist				e date st	
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may be retained by the haspital ar attending physician.

TO FUNERAL COR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shaufor we detached for use as the burial-transit permit. Then please remove certon pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. death: Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11099

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RUSIDENCE ON A FARM? yons Mill YES NO Road 3. NAME OF 4. DATE First Middle Month Year DECEASED 19 50 (Type or print) DEATH October 19 Ridgelv T.11 T.Z. Thert 9. AGE |In years 5, SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Hours WIDOWED | DIVORCED [ Male 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) U.S.A. faintenance Man employmen Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Lutz Ella Devese 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Advexington Park, Md Tillman, 6 Taner Ave. Mr. Klohr 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? YES 🗍 NO DE 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry XI. opinion death resulted from: Natural causes , Accident , Suicide X, Hamicide , Undetermined manner DATE SIGNED M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER D.D. Caples, M.D. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 7959 Burial Olive Cer Randal ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MESICAL EXAMINER'S DER HEICKAR DE DEATH Charles and the second of the A THE CONTROL OF COURSE WAS A SECOND OF THE PARTY. 

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by the haspital ar attending physician. Then please remave carbon papers. and in any event within 72 hours after death. page 3 shauld be detached far use as the burial-transit permit. the registrar prior ta burial, crematian, or removal, and in any

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retain TO FUNERAL D TO HOSPITAL VS A15 (4) 15M 9/58

		9-141119			9.	Reg. Dist.	No.
PLACE OF DEATH     O. COUNTY	BALTIMORE	MARYLAND	2. USUAL RESIDENCE ( o. STATE MARX	Where deceased	d lived. If instituti b. COUNTY	on: Residence	before admission)
b. CITY OR TOWN ( RURAL ond give no	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL ond give	e nearest town)
FORT HOWAR		2 DAYS		IMORE	- 3	3V01-	
OR INSTITUTION	TAL (If not in hospital, give street)  DMINTSTRATION	9. 30 12 1	d. STREET ADDRESS 920 NORTH	CALVER!	r street		e. IS RESIDEN ON A FAR YES NO
3. NAME OF DECEASED (Type or print)	First CHARLE	Middle	Lost LUTZ	4. DATE OF DEATH	OCTOBER.	nth "	Day Year
5. SEX		RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24
MALE	T04700-0-10-0-10-0-1	WED DIVORCED	JANUARY 8	1890	lost birthdoy) 60 yrs.	Months Do	ays Hours A
Og. USUAL OCCUPATION	ON (Give kind of work done 10)	. KIND OF BUSINESS OR INDU	A 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			12. CITIZE	N OF WHAT COUN
FARMER	king life, even if retired)	FARM	NEW YORL	KSTATE		II	S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDE				
CHARLES	LUTZ		CATHERIN	NE SWAR	rz		
		S. SOCIAL SECURITY NO.	INFORMANT		Add	ress	
YES	(If yes, give war or dates of service)	13-34-1022 CLI	IN REC VAH I	BALTO M	D FT HOW	ARD DI	VISTON
	ATH [Enter only one couse per ATH WAS CAUSED BY:		***				INTERVAL BETWE
11001	DUE TO	RHYTHMIA, CARDI	AU				ACUTE
Conditions, if o	DI	T.MONARY EDEMA					2 DAYS
gove rise to i	immediate (b)						
lying couse lost,		TERIOSCLEROTIC	CARDIOVASCU	LAR DIS	EASE		UNKNOWN
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OR CONTRIBUTING	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury	in Port I or Por	t II of item 18.)		
	Whil		LACE OF INJURY (Home, foctory, street, office bldg.,		or town)	(Cou	unty) (
21. I certify th	natX attended the deced	sed fram October	9, 1959, 100	ctoher	11 1959	, tXXXXXXXXX	SANGKAORA
900000000000000000000000000000000000000	XXXXXXXXXXXXXXXXX	XXXXX and that death	occurred at 12:	15M, Fram	the causes an	d an the c	date stated ab
	. 0	70		ADDRESS (S	treet, city or town,	stote)	DATE SI
ACTUAL SIGNATURE	1 Dearat	7/1	M.D. VAH, BALT	0 18, M	D, FT. HOW	ARD DIV	10/1
PHYSICIAN'S NAME (Type) HA	AROLD R. JOHNSO	N. M.D.					
20. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
REMOVAL (Specify)	10-15-59	Baltimore N	eti onel	Rel+	imore. M	arvl and	
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		EC'D BY REGIS		STRAR'S SIGN	
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	410	119	CERT	IFICA	IE OF D	EAIF			Reg. Dist.	. No.	
1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	O STATE	ence (wh [aryle		lived. If institution b. COUNTY			Imission)
RURAL ond give	I (If outside corporate limi neorest town) da.Uc	ts, write	c. LENGTH OF STAY		c. CITY OR TO	Dunda Dunda		rote limits, write R	URAL ond giv	re negrest	town)
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospitol, g				d. STREET AC		inship	Road		0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	MARGARET	1	M.		LYNCH		4. DATE OF DEATH	Octobe		Day	Yeor 19 5
5. SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWE	to the same of the		Feb. 18,		3	9. AGE (In years lost birthday) yrs.	Months D	-	JNDER 24 HR Burs Min.
during most of w At home	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	Irela		or foreign co	ountry)		EN OF W	HAT COUNT
	hael Ryan					MAIDEN N	AME				
15. WAS DECEASED E (Yes. no. or unknown) No.	VER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY N		ohn Lync	ch 88	Kinsh	ip Road	ress		
Conditions, if gove rise to couse (o), stolin lying couse los	immediate DUE TO		Ceneros	lizo	ef Ch	Keio	scle	2651-5		ONG!	AND DEATH
200. ACCIDENT	OTHER SIGNIFICANT CON  WAS UNDERLYING   CAUSE OF DEATH  FY MEDICAL EXAMINER)		CRIBE HOW INJURY	-					'EN IN PART 1	PE	AS AUTOPS ERFORMED?
20c. TIME OF INJ	URY Month, Doy, Yen.	or 20d. IN While of work	NJURY OCCURRED Not while	20e. PLA	CE OF INJURY (Hory, street, office	lome, form bldg., etc.	, 20f. (City	or town)	(Co	ounty)	(Stot
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	ane Core	4		0. 21	Keni		n the causes of the total tota			
270. BURIAL, CREMA			Oak Law	metery or n Cem	crematory etery		Col	ion (City, town, gate Md.	or county)		(State)
23. FUNERAL DIRECTO	OR'S SIGNATURE	Dunda	ADDRESS				BY REGIST		STRAR'S SIGN		

may be retain by the hospital ar attending physician.

TO FUNERAL SCTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. page 3 should. Se detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hour offer death. VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITAL OR

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death; Page 4

MATERIAMO STATE DEPARTMENT OR HEALTH—SALTIMORE, 18

MARKET

death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours,

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1130	CERTIFICATE	OF	DEAT	
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	1	1	1	03	}
Dist No					

1		1113	0	CER	HIFICA	ATE OF DEA	AIII			Reg. Dis	t. No.		
ī		altimore		MA	RYLAND	2. USUAL RESIDENCE O. STATE	E (Where de		ed. If institution b. COUNTY	ını Residend	ce before	odmissi	on)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, arest town)	write	c. LENGTH OF STA	AY IN 16	c. CITY OR TOW	N (If outside	corporote	limits, write Ri	JRAL ond	give neare	est fown]	
L	Catons	ville		2 mont	ths	Balt:	Lmore		3	VOI	-4		
П	d. NAME OF HOSPITA	LL (If nat in haspital, give	e street o	ddress)	34.5	d. STREET ADDR					•.	IS RESI	DENCE FARM?
1	SPRING GRO	VE STATE	HOSF	TAL TAL		1213 Hol.	Lins S	tree	t				NO
3	I. NAME OF DECEASED (Type or print)	First Mary		F. Midd		Kenzie	4. D.		Mont	th )	Doy 15		eor 959
3	S. SEX	6. COLOR OR RACE 7	- MARRI	EDE NEVER MAR	RRIED	B. DATE OF BIRTH		9.	AGE (In years lost birthday)	IF UNDER			
L	female	white v	VIDOWEI	D DIVOR	CED 🗌	Feb. 21, 3	1890		69 yrs.	Months	Days	Haurs	Min.
ī	00. USUAL OCCUPATIO	N (Give kind af work doing life, even if retired)	ne 10b. )	CIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE	(Stote or fore	ign count	ry)	12. CIT	ZEN OF	WHAT	COUNTRY?
	housewi		60	T 74 00	inc	Man	vland	. 3	4640.	U.	S.	A .	
Ī	3. FATHER'S NAME		0 .	18		14. MOTHER'S MAI	DEN NAME	*	40	1			
1	Los	eccs di	me	th		ma	raa	201	1/-	Rus	02		
T	S. WAS DECEASED EVER	IN U. S. ARMED FORCE		SOCIAL SECURITY N	NO. 17. II	NFORMANT	11		Addr	ess .		100	
П	Unknown (	It yes, give war or dates of serv	" U	nknown	Re	cords: SPI	RING	GROVI	STATE	E HO	SPIT	AL	
F	18. CAUSE OF DEA	TH [Enter only ane caus	e per line	e for (a), (b), and (	(c).]	0. 0						VAL BET	
ı		H WAS CAUSED BY:	//	teriosa	Ceroi	tio card	iovas	rula	2 STE	900	ONSE	TAND	DEATH
ŀ	1350 X	DUE TO	a						- 211/46	235040			
ı	Conditions, if on	ar arkink V	(Fe	nera Ca	1505	arterio	selle	202	w				
١	gove rise to in	mediate (	2			11 /							
ı	lying couse lost.	he under-	la	rkinso	wis	Vynds	ous	2					
1	PART II. OTH	ER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	TERMINAL D	ISEASE C	ONDITION GIV	EN IN PAR	T 1(o) 19.	WAS A	UTOPSY
	3	Involut.	Sua	P Day 1	ekat	ia reas	tio	2.				PERFOR	NO Z
	PART II. OTH  200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING T			OCCURRE	D. (Enter noture of inju	ry in Port I	or Port II	af item 18.)				
18	OR CONTRIBUTING	CAUSE OF DEATH											
			20d. IN	JURY OCCURRED		ACE OF INJURY (Hame		. (City or	tawn)	10	ounty)		(Stote)
1	20c. TIME OF INJURY Hour o. m.	19	While	Not while		ctory, street, office bld					,		,
1			_		ont I	÷ Ľ0	Mat	15					
ı	(1)	at I attended the c	100										
I	alive an	66110	, 193	, and the	at death	accurred at 2					ne date		,
	ACTUAL P	mus K	a &	Lanak	an	CDDT			l, city or town,			10/	TE SIGNED
١	ACTUAL SIGNATURE	Secret. of		2000	The same	M.D. SPRII	VG GR	JVE	STATE	HOSP	LTAL	10/	17/70
7	PHYSICIAN'S NAME (Type)	BRUNO	RA	BAU	SKE	S' Cator	svill	28	, Maryla	ind			
2	20. BURIAL, CREMATION	10 20 S	9	22c. NAME OF CE	EMETERY O	R CREMATORY	-	CATIO	City town, o	r county)	ils	(State	me
2	3. EUNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS	11900	1 1/ 240	4-212	EGISTRA	24b. REGTS	TRAR'S SIC	SNATURE		
1	to tout	6.owen4	Son	1 9 7-1	off	MA DA	COCT 1	9 '59	ant	Lun 8	trans		

TO FUNERAL (CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should, the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) ISM 9/S5

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

11102

		11120		AL EXPANSIONE		CERTIFIC			DLA		Reg. D	ist. No	).	
1. PLACE OF o. COUNTY		imore		MARYLAN	- 11	o. STATE M1				If Institu		ence bel	fore adm	ission)
b. CITY OR	TOWN (If ou nearest town)	tside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOV	NN (If	outside cor	porole limit	s, write	RURAL on	d give n	earest to	wn)
-	wson	4		3 days		Detr	oit	19.			59	× -	3	
		OR INSTITUTION (I	f not in ho	spital, give street oddress)		d. STREET ADDR							e. IS R	ESIDENCE
	14 E]	lendale	Rd.			22153	Pi	ckfo	rd S	t.				A FARM?
3. NAME OF DECEASED (Type or pr		William	n Joi			Lost		4. DATE OF DEATH		Mont	10-8	Day		9 59
5. SEX		S. COLOR OR RACE	7. MARR	IED 🖾 NEVER MARRIED 🗆	B. D	ATE OF BIRTH	1	7634	9. AGE (In	years				ER 24 HRS.
male		white	WIDOWI			12-19-1			52	yrs.	Months	Doys	Hours	Min.
100. USUAL O	of working	(Give kind of work of life, even if retired)	done 10b.	kind of Business or Indietroleum pr	od	11. BIRTHPLACE	(Stote	or foreign	country)			U.S		COUNTRY?
13. FATHER'S				•	$\overline{}$	4. MOTHER'S MAI								
W	11112	m Mackle	9			Malvi	na	Bre	ckma	n				
15. WAS DEC	EASED EVER	IN U. S. ARMED FOI	RCES? 16	SOCIAL SECURITY NO. 17	, INF	DRMANT				Address				
IYes, no, or unkno	own) (if	yes, give wor or dates of :	service)	??????	V1	rginia	V .	Mack	le		abov	e		
Condition gove rise (o), stoticouse to	ons, if ony, to immedion g the unc	WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO which te couse derlying (c)		ONTRIBUTING TO DEATH BU	19	Y L/C	TERMI	C./I	JS/	ONGI	/EN IN PAG	ONSE	T AND DE	den
2											LEIN UN I A		PERFO	RMED?
PRIMARY CAUSE O	RNAL CAUSE OF CONTI	RIBUTING	b. DESCRI	BE HOW INJURY OCCURRED	. (Enle	r nature of injury	in Port	l or Port II	of item 18.	)				
20c. TIME Hou	OF INJURY o. m. p. m.	Month, Day, Yea	Whi		PLACE	OF INJURY (Home, street, office bldg	o, form	20f. (Cit	or town)		(Co	unty)		(Stote)
21. I ce	rtify tha	1 took charge	of the	remains described a	bove	, held an Au	topsy	y [], I	nspectio	n 📑	Inqui	гу П	, and	find that
death r	esulted fi	on? Natural	causes [	Accident [], S	vicio	de 🔲, Hom	icide	□, U	ndetermi	ned o	ause [	1.		
ACTUAL SIGNATU	RE (	hore	100	10gom	elj	A.D. CHIEF MEDIC		_				10	DATE'S	IGNED
EXAMINI NAME (T	PR'S	Dayle,	57.	O'Donn	101	DEPUTY MED			_			/	18/	19
22a. BURIAL C REMOVAL BUT	REMATION.	22b. DATE THEREO		St. Mary's	-	ematory atholic			TION (City,			ch.	(Stot	•) /
23. FUNERAL I				ADDRESS			REC'I	BY REGIST	RAR 24	. REGI	STRAR'S SIG	GNATUR	RE	
Brook	s Fu	neral Se	rvic	e, Towson4,	Md	• DA	TE O	CT 13	'59	C	I. Itun 2	g the	uni	

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District Section 1998				
Calley basser (start)	and Command			

11104

CERTIFICATE OF DEATH

			CERTIF	ICAI	E OF DEATH	1		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	ltimo re		MARYL		USUAL RESIDENCE (Who a. STATE Maryl		lived. If institution b. COUNTY		ti mo		iion)
	f autside carporate lim	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o		ate limits, write R				n)
RURAL and give ne	orest town) Sville	1	vrlmthlhav		Towson 4	75					
d. NAME OF HOSPIT	AL (If not in hospital,		0		d. STREET ADDRESS	1				e. IS RES	IDENCE
SPRING GR	OVE STATE	HOSP	ITAL		526 Par	k Aven	ue				FARM?
3. NAME OF DECEASED	Fi	-	Middle		Last	4. DATE OF	Man	th	Do	у	Year
(Type or print)	Els	beth	Vaugh	nan M	lacLean	DEATH	Oct	ober		29	19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 8. C	ATE OF BIRTH	- 1	P. AGE (In years lost birthdoy)	Months			ER 24 HRS.
female	white	WIDOWED			July 3, 190		52 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b. KI	IND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
housewif		ou	N HOM		Canada				Cana	da	-
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N						
John Henr					Georgi	ana Va	ughan				
	R IN U. S. ARMED FOR (If yes, give wor or dates of :	iervice)	OCIAL SECURITY NO.	17. INFO			Addr		D 61 make		
unicneum/q		U	nimewn	Reco	rds: SPRIN	G GRO	VE STAT	E H	OSP1	TAL	
Conditions, if a gove rise to it couse (a), stating lying couse lost.	the under-	) H	STRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMI					9. WAS	AUTOPSY
ICATIO										PERFC	NO NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OC	CURRED. (I	inter noture of injury in f	Port I ar Port	II of item 18.)				
ZOc. TIME OF INJUR Haur a. m. p. m.	Y Month, Doy, Ye	or 20d, INJ While of work	Not while at work	foctory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City	or town)	(	County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	PATRIC	1950 16 K	And that	M.D	SPRING (), Catonsvil	AM, fram ADDRESS (Str GROVE	eet, city or town, STATE I	and an t stote) HOSPI	he da	te stat	ed above.
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL.	11/2/59	OF	SAINT MAR	TERY OR C	REMATORY	SAINT	0.1	JNTY	NEW	BRUN	SWICK
23. FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS	7	24a. REC'I	BY REGISTE			GNATU		
-Holm	V/Juns	20 /	6mg 76	W20	DATE	NOV 2	'59	C.V. mg	8. 70	roud	

may be retained by the hospital or attending physician.

TO FUNERAL CIGOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shaults, be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 9/55

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death. Page 4

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	PRINCE IN A STATE OF	December 19 to		
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to plate who won half a half half of the time of the state of the stat	Van le herrors			unica fortigation fortig
		SALTHAM TALAS	55/0,	COLUMN TAKEN THE

VS A15 (4) 15M 10/57

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11132	CERTIFICATE OF DEATH	

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Wh	ere deceased live		ence before ad	mission)
Baltimon		MARYLAND	Maryland		b. COUNTY	altin	ared
b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	prote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote	limits, write RURAL on	d give nearest t	town)
Towson		4½ yrs.	X Baltimor	e, Mary	land		
d. NAME OF HOSPITAL (If not in h	ospital, give street	oddress) Towson-4-	d. STREET ADDRESS			e. IS	RESIDENCE N A FARM?
Stella Ma	ris Hosp	ice- Maryland	318 Regis	ter Aver	nue		NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeor
	argaret	Loretta	Martindale	DEATH	Oct.	4.	1959
5. SEX 6. COLOR O	R RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. A		ER 1 YEAR IF U	NDER 24 HRS.
Female Whit			6/15/1878	8	Months yrs.	Days Hou	urs Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b.	KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Stote	or foreign country	y) 12. C	ITIZEN OF WI	HAT COUNTRY?
Housewife		-	Marylan	d	Ţ	J.S.A.	
13. FATHER'S NAME	77	ank Mc Fee	14. MOTHER'S MAIDEN N	IAME		-	
Fielder Man	tindale	wir mesee	Mangar	et MoFe	& Ann Me	Kenna	
15. WAS DECEASED EVER IN U. S. ARA		SOCIAL SECURITY NO. 17.	INFORMANT		Address		
		None	Fielder Mart	indale	· Ir.	sam	e
18. CAUSE OF DEATH [Enter on	y one couse per lif	ne for (o), (b), and (c).]	,11	7 /		INTERVAL	BETWEEN
PART I. DEATH WAS CAUS	SED BY:	1000000	7 V ( //	0/11	SIAM	ONSELA	ND DEATH
420.1	DUE TO	3	1.10		1	100	173
Conditions, if ony, which )	(b)	38 on ch	12/ MAN	201/02	112	5	02.10
gove rise to immediate couse (o), stating the under-	DUE TO	0	100 1		1 0	-	2015
lying couse lost.	(c) (	anemale	ed the Teno	Scher	olic Gra	0/10	45
PART II. OTHER SIGNIFICA		CONTRIBUTING TO DEATH B	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NOITION DIVEN IN PA	ART 1(o) 19. V/	AS AUTOPSY
PART II. OTHER SIGNIFICA			Merralla	15001	ar Pised	S @ PEI	RFORMED?
E 20 ACCIDENTE MAN	G 20b. DESC	CRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in P	ort I or Port II of	Fitem 18.)		
G (IF EITHER, NOTIFY MEDICAL EXA	MINER)						
20c. TIME OF INJURY Month, D			PLACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or to	own)	(County)	(Stote)
p. m.	19 While of work		octory, street, office blog., etc.				
21. I certify that I ottend	ed the decease	ed from March	8 1254 to C	1010be	4/ 10 That 1	Lost saw t	he deceased
100	De 1/195	10	h occurred of 230	M from the	1.		
Pad	12/-		1	ADDRESS (Street,	city or town, state)	ine dule si	DATE SIGNED
ACTUAL SIGNATURE	EED 7	Ox Duntle	M.D. 750	15 /18	YK 18	1 10	14/50
		1		1		d	-f-{-V-f
PHYSICIAN'S NAME (Type) Charles	F. O'Don	mell- M.D.	- 10	(N/SC	mtu	1200	6.
226 BURIAD, CREMATION, 226. DATE		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or county)	) (5	Stote)
burial 10-	7-59	New Cathe	dral (em.	0 1	more, Md.	,	
23. FUNERAL DIRECTOR'S SIGNATURE	11	ADDRESS	240. REC'D	BY REGISTRAR	24b. REGISTRAR'S S		
Tronger & Kung	Duc.	5305 Hard	DARCT	6 '59	arthur &	Kiney	
Bernard	CR	1		,	-		
- Colored	- June						

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of a death. Page 4		ectar,	hed far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	-
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eath c		After this certificate has been signed by the attending physician and campletely filled in by the funeral directar,	lease r	rial, crematian, ar remaval, and in any event within 72 haurs ofter death.
the d		the att	Then p	rent wi
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adnire	è.	signe	t per	d in
OW F	ysicia	peen	transi	ol, an
The	haspital ar attending physician.	e has	burial-	remav
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11106

		1113;		CERTII	FICA	IE OF DEAT	Н	34.00	Reg. Dis	t. No.		
1.	a. COUNTY	sewood Stat	e Train	ning Scho		2. USUAL RESIDENCE (Va. STATE	Where deceased	d lived. If institution b. COUNTY	-	e before		)
-	Balti:	autside carporate limits	s, write c. LE	NGTH OF STAY	IN 1b	c. CITY OR TOWN (I		rate limits, write R				-
-	Owings Mil d. NAME OF HOSPITA OR INSTITUTION	ls, Marylan AL (If not in hospitol, gi	ve street addre	9 yrs.		54Essex, Ma d. STREET ADDRESS	aryland				IS RESIDE	
R		ate Trainir	g Schoo	1							ES	
3.	NAME OF DECEASED (Type or print)	First Mar	v	Middle Virgin	ia	McAlpin	4. DATE OF DEATH	Man 10	th	Day 23	Yeo 19	
	Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Manths	-	UNDER :	24 HR Min.
	. USUAL OCCUPATIO	N (Give kind af wark de		OF BUSINESS OF	R INDUSTR	RY 11. BIRTHPLACE (Sta	te ar fareign c		12. CITIZ	ZEN OF W	HAT COL	JNTRY
	during mast at warki	ing tife, even if retired)				West Vira	rinia			U.S.	A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
	ercy Bufor					Cassie Ma	ay Ande					
		IN U. S. ARMED FORCE If yes, give wor or dates of ser		AL SECURITY NO.	INF	ORMANT		Add	ress			
-	no					sewood Reco	ords			1		
		TH [Enter only and cau	se per line far	(a), (b), and (c).]	1	D .	1			ONSET	AND DI	/EEN
	1101.1	IMMEDIATE CAUSE (a)	Cou.	Tue x	4 C	ronder	bre	umo	uja			
	Canditions, if an	DUE TO	al v	: P.2 C	2	a lalia	0 8	Ma a				
12	gave rise to in	nmediate ( DUE TO	1	. Acry	CV 403		1 2	(1)				
I.	lying cause lost.	he under-						4				
Z	PART II. OTH	ER SIGNIFICANT COND	ITIONS CONTE	RIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19.	WAS AU	TOPS
CATI		Tu	ber	ous	33	Levere	2				PERFORN ES 🙀 h	NO [
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY O	CCURRED.	(Enter nature of injury i	n Part I or Por	t II af item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year	While	OCCURRED Nat while at wark	20e. PLAC facta	E OF INJURY (Hame, fa ry, street, affice bldg., e	erm, 20f. (City	ar tawn)	(0	Caunty)		(State
	21. I certify the	at I attended the	deceosed fr	rom		, 19, to		, 19,	that I la:	st saw t	he dec	eose
	alive on		_, 19	, and that	deoth c	occurred at 9:50	Dam, from	the couses on	d on the	dote s	toted o	bov
	ACTUAL SIGNATURE	etu W.	Ri sel	194	Max	plalog of	ADDRESS (SI	treet, city ar tawn, 7 Mary	Piele	0, 10	/23/	59_
	PHYSICIAN'S NAME (Type)	. W. R	liec	Kert			Balt	שושיים	14,	MB		
22	REMOVAL (Specify)	22b. DATE THEREOF		SACRE	TERY OR	GEART	22d. LOCA	TION (City, town,	or county)	me	(State)	
23.	FUNERAL DIRECTOR'S	SIGNATURE	.00	ADDRESS	al	Fin All	C'D BY REGIST		STRAR'S SIG	NATURE		

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ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18

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**CERTIFICATE OF DEATH** 

Reg. Dist. No. 1107

1.	PLACE OF DEATH o. COUNTY	B altimore	. U %	MARYL	11	2. USUAL RESI	Maryl		d lived. If institut b. COUNTY		nce befo	re admissi	on)
	b. CITY OR TOWN RURAL and give Catonsv	(If outside corporate limi negrest town)	ls, write	c. LENGTH OF STAY II	1	c. CITY OR Balt:		utside corpo	rote limits, write f	RURAL ond	give nec	rest town	)
	d. NAME OF HOSP	ITAL (If not in hospitol, grove State I	lospi	oddress)		d. STREET /2	St. Pa	ul St	reet				DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Heler		Elizabe	th	McCart!	J. J.	4. DATE OF DEATH	Mod	ober	Do	•	reor 19 59
	sex female	6. COLOR OR RACE	7. MARK	RIED NEVER MARRIES		July 3		9)1	9. AGE (In years lost birthdoy) 05 yrs.	IF UNDE Months	R 1 YEAR Doys	IF UNDE Hours	
-	. USUAL OCCUPAT	ION (Give kind of work of rking life, even if retired NIIE	lone 10b.		RINDUST	RY II. BIRTHPI		or foreign co			TIZEN C		COUNTRY
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
L		John T. Macl					[sabel	Alexa	nder				
IS.	no, or unknown)	ER IN U. S. ARMED FOR	CES? 16.		17. INF	ORMANT				lress			
	no			Unknown		cords;	SPRIN	IG GRO	OVE STAT	E HO	OSPI'	TAL	
			Ar	teriosclero		ardiov	ascula	r dis	ease		ONS	ERVAL BET	DEATH
z	lying cause lost.	the <u>under-</u> DUE TO		CONTRIBUTION TO DEAL	THE DIST AS	OT BELLETED TO							
CATIO	PARI II. OI	THER SIGNIFICANT CON		nitiondue to				NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	RMED?
L CERTIFICATION	(IF EITHER, NOTIF)	AS UNDERLYING  GAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture o	of injury in P	ort I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Doy, Yea	While of work	Not while	20e. PLAC focto	E OF INJURY ( ry, street, office	Home, farm, e bldg., etc.)	20f. (City	or lown)	(	County)		(Stote)
	21. I certify to alive on	hat I attended the Oct. 6	., 19_	ed from July 59 , and that o	death c	ccurred at	8:18r	M, fram	reet, city or town,	and an t	he dat	te state DA	deceased d above. TE SIGNED 7-59
	PHYSICIAN'S NAME (Type)	Stella Wa	chs le	er, M. D.		Ca	tonsvi	ille 2	8, Maryl	and			
220		ON, 22b. DATE THEREO	F	22c. NAME OF CEME					ION (City, town,	or county)		(State	)
	REMOVAL (Specify Burial			New Cath	edr	al			imore			Md	
23.	Henry W.	Jenkins	& So	ns Co.490	5 Y	ork Rd	DATE OC	BY REGISTI		STRAR'S SI	GNATUR	E.	

VS A1S (4) 1SM 9/5S

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

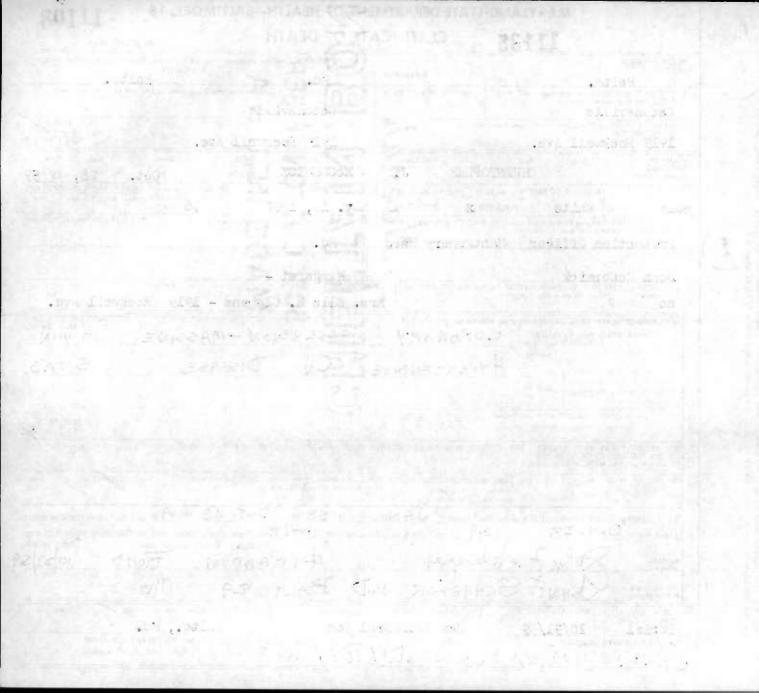
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#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	0.		MAR	YLAND	2. USUAL RESIDENCE (WHO a. STATE	nere deceased	lived. If institution b. COUNTY	Resident	e before	admissi	on)
	f autside corporate limi arest tawn)	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF o		rate limits, write RI	URAL and g	ive near	est tawn)	
OR INSTITUTION	AL (If not in hospital, g	jive street	address)		d. STREET ADDRESS 1919 Rockwell Ave.						
3. NAME OF DECEASED (Type or print)	Fir		OPHER Middle	J.	McCORMICK	4. DATE OF DEATH	Mon	Oct.		8, 1	9 59
s. sex male	6. COLOR OR RACE white	7. MARE	RIED NEVER MARI		Nov. 10, 188		9. AGE (In years last birthday) 76 yrs.	Manths Manths	Days	Hours	R 24 HRS. Min.
during mast of work	ing life, even if retired on Officer	)	ntgomery W	lard	14. MOTHER'S MAIDEN N	NAME			ZEN OF \	WHAT CO	OUNTRY?
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR It yes, give war or dates of s		SOCIAL SECURITY N		s. Ella M. C	lemens	- 1919	Rock	well	Ave	•
PART I. DEA  420. I  Conditions, if al gave rise to in cause (a), stating lying cause last.	the <u>under-</u>	, H-	ORONAR YPERTEN	SIVE	CV CV	DISE	EASE		ONSE	54	RS.
PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour a. m. P. m.	CAUSE OF DEATH MEDICAL EXAMINER)	ar 20d. II While	NJURY OCCURRED Nat while	20e. PLA	(Enter nature af injury in CE OF INJURY (Hame, farm ary, street, affice bldg., etc	n, 20f. (City		(0	County)	YES	(State)
21. I certify th	at I attended the cT. ZB		ed from J		accurred at 1147 P	M, fram	reet, city or town.	d an the	st saw date	stated	abave.
22a. BURIAL, CREMATIO REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR	10/31/59	)F	22c. NAME OF CEL New Cat		1 Cem 24a. REC'	D BY REGIST		Md.		(State	e)
Visan V:	Justine	of Y	sous.	Cal	10/7 DATECT	2 9 '59	arth	un 8. 1	raud		



VS A15 (4) 15M 9/55

REMOVAL (Specify)

Burial

23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 1217 St. Paul St. Wm. Cook. Inc. DATE NOV 2

St. Mary's Hampden

YES NO

(State)

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE ON A FARM? YES NO

1959 OCT IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years Months

12. CITIZEN OF WHAT COUNTRY?

Cochemille INTERVAL BETWEEN

ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

(County)

10-29 , 1959, that I last saw the deceased \_\_\_, and that death occurred at 1.36 A.M. from the causes and an the date stated above.

22d. LOCATION (City, town, or county)

Baltimore, Md.

24b. REGISTRAR'S SIGNATURE

MORE, 18		E DEPARTME	TATE GMALYBAM	
HALL BY SHIP SHIP STATES	TE OF DEATH	CERTIFICA	*	
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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Wm. Coook-Towson, Inc., 1050 York Road, Towson

11110

		11	137	CERTI	FIC/	ATE OF D	PEATH				Reg. Di	st. No.	LAJ	AII
	PLACE OF DEATH o. COUNTY	Baltimore	)	MARY	LAND	2. USUAL RESIDE	land	re deceased		OUNTY	Residen Balt			sion)
	b. CITY OR TOWN (II RURAL and give ne	f autside carporate limi carest town) Timonium	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR 1		tside carpo	orate limits,	write RUI	RAL and	give nea	rest taw	n)
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, g 102 Farv	_			d. STREET A	DDRESS Farvi	ew Co	ourt				ON A	SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	fir H		Middle Ashby		McVe	igh	4. DATE OF DEATH		Month	obei	Do;	5	Yeor 19 59
5.	male	6. COLOR OR RACE white	7. MARR	DIVORCE		May 17,			9. AGE (In	years I hday) yrs.	F UNDER Months	1 YEAR Doys	Hours	ER 24 HRS. Min.
	Real Esta	on (Give kind of work king life, even if retired te Broker		elf employ		V	irgin	ia	ountry)		12. CI1		S.A.	COUNTRY?
13.	FATHER'S NAME Will	liam H. Mo	Veig	h			Maude Maude		by					
15.	MAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO		rs.Lora	Marie	McVe	eigh,	102 Tim	"Far	vie	MaCo	ourt
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	/	pe for (o), (b), and (c).	1 26	us of	> Lu	~=,G	wil	the		INTE	RVAL BI	ETWEEN DEATH
	Conditions, if or gave rise to it couse (a), stoting lying couse lost.	mmediate (		netos	11	() ()						4	no	,
CERTIFICATION	20g. ACCIDENT WA	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE							N IN PAR	T 1(o) 1	PERFO	AUTOPSY ORMED?
MEDICAL CER	(IF EITHER, NOTIFY  20c. TIME OF INJUR'  Have o.m.  p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Yes	or 20d. In While at warl	JURY OCCURRED  Not while	20e. PL fo	ACE OF INJURY (I ctory, street, office	Home, form, bldg., etc.)	20f. (City	y or town)		(1	County)		(Stote)
	21. I certify the alive on Actual SIGNATURE  PHYSICIAN'S	at I offended the	deceosy 19-	12 0		n occurred at			n the cou	uses on	d on t		e stot	deceosed ed above. ATE SIGNED
22	NAME (Type)  O. BURIAL, CREMATIO REMOVAL (Specify) RUDTAT.			22. NAME OF CEM Lorrain		OR CREMATORY			TION (City.			ınd	(Sta	te)
	FUNERAL DIRECTOR			ADDRESS	he	Tower	240. REC'D				RAR'S SI	. 10		

DATE OCT 1 9 '59

may be retained by the hospital ar attending physician.

TO FUNERAL U. CLOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be filled in the property of a should be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs,

the beautiful and		AURITABLE		
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certificate

death

Clinical Records, VAH, Balto. 18, Md. Ft. Howard Div. INTERVAL BETWEEN UN KNOWN UNKNOWN TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTROL Bladder & Operations: TUR- Carcinoma of Bladder & Operations: TUR- Carcinoma of Rectum-9/18/59 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO (County) (Stote) 21. I certify the Waltended the deceased from September 4, 1959, to October 15, 1959, to Opposite the deceased from September 4, 1959, to October 15, 1959, M.D. VAH BALTO 18 MD. FT HOWARD DIV 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial (Specify) Loudon Park Cemetery Baltimore, Maryland 10 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR Wilkens Ave. anthung S. Krause DATECT 1 9 '59 Howard H. Hubbard Baltimore, Maryland

ON A FARM?

YES NO TO

Year

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VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11139

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 11112

1. PLACE O	ITY _	altimore		MARYL		o. STATE Maryla		ere deceased	lived. If institution b. COUNTY	on: Resider	nce before	odmissi	on)
b. CITY C	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. RURAL and give nearest town)						c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
1	Catonsville					Baltimore 3V0/-4							
d. NAME	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADI	DRESS				0.		DENCE
OKIN		Nook Nurs	ing H	Iome		Roland	Par	k Apts	•				FARM?
3. NAME O	)F	Fi	rst	Middle		Lost		4. DATE	Mon	th	Day	Y	eor e
(Type or		LEILA	REII	MENDEL N	MENGE	EL		OF DEATH	OCEC		29,19		
5. SEX		6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years		1 YEAR IF	UNDE	R 24 HRS.
Fema		White	WIDOWI			January	19.1	875	lost birthday) 84 yrs.	Months	Doys	Hours	Min.
10a. USUAL during	OCCUPATION most of working	(Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLAC	CE (State o	or foreign co	untry)	12. CI	TIZEN OF	WHAT	COUNTRY
	None					Penns	ylva:	nia					
13. FATHER'	SNAME					14. MOTHER'S M	AIDEN N	AME		-51			
	Osaac N	lengel				Lucin	ida P	robasc	0				
	CEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	DRMANT		1-77-1	Addr	ess			
1,100,100,00	in the	yes, give war or dones or t	arvice;		Nirs	Frank	Prim	rose	Pikesvi	116.	Marv	la no	-1
18. CA	USE OF DEAT	H [Enter only one co	use per lir	ne far (o), (b), and (c).]	1 202	- 1 551111		1000	-22000	2201		AL BET	
		WAS CAUSED BY:		30000	0 0								DEATH
110	50.0			or orcera	3 - 112	Macy	Un	·cc			4	a	40
1	itions, if on	DUE TO	9	Onera Os	10)	arte	ni	50	Carres		W	oa.	2
gove	rise to im	mediate (	1	or and	5		·w	300	0000		7		
	(a), stoling the	e under-											
-		R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	'H RIIT NO	OT RELATED TO T	HE TERMIN	VAI DISEASE	CONDITION CIV	ENI INI DAD	T 1(=1/10	M/AC A	UITOPCV
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OR COL	NTRIBUTING E	CAUSE OF DEATH EDICAL EXAMINER)	200. DESC	CRIBE HOW INJURY OC	CUKKED. (	Enter nature of I	njury in re	off 1 or Part	il of item 18.)				
₹ 20c. TIM		Month, Day, Ye	ar 20d. IN	NJURY OCCURRED 2	Oe. PLACE	OF INJURY (Ho	me, form,	20f. (City	or town)	(	County)		(State)
ZOc. TIM	our a. ji. p. m.	19	White of world	Nal while	Foctor	y, street, office b	oldg., etc.)						
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ACTUA	177	81-99	Pin	10/2		11	1 -1	DDRESS (Str	eet, city or town,	stote)	×	DA	TE SIGNED
SIGNAT		Inh	177	2 ten-	M.E	)[_]_S	5 51	· Too	12 VI -	-100	refo	· pu	ed .
PHYSIC	IAN'S						_						
NAME		Weather		ort		1118	St.	Paul S	treet				
	CREMATION	22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCATI	ON (City, town, c	er county)		(Stote	)
Bur		10/31/	59	Rose F	1111			Hager	stown. 1	faryl	and		
23. FUNERA	L DIRECTOR'S	SIGNATURE		ADDRESS		2	4a. REC'D	BY REGISTR	AR 24b. REGIS			141	
John	O. Mito	hell & So	ns. I	nc., 1900 E	lutaw	Place D	ATE	V 2 '5	9 an	Thung 8	Kraus		
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within 24	tely filled	Pages 1
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11140 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND ALTIMORE b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) RUXTON RUXTON d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT 1505 LOCUST AVENUE NAME OF 4. DATE First Middle Last Month Year Day DECEASED DEATH (Type ar print) ADA VIRGINIA 19 59 MERRYMAN OCCORER 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Days Hours WIDOWED [ DIVORCED | SHOP THOUSE YOUR UDVATES 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) HOUSEATTUR OWN HOME MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WARFIELD S. PIERCE MINNIE IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 1505 LOCUST AVE. NO NONE MR. WILLIAM J. MERRYMAN INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 17 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City ar tawn) (County) (State) factory, street, affice bldg., etc.) a. m Nat while at work at work 1959, that I last saw the deceased 21. I certify that I attended the deceased fram alive an and that death accurred at AM, fram the causes and an the date stated above. ACTUAL SIGNATURE Seminary Avenue PHYSICIAN'S Bennett A. Stoen Lutherville, Maryland NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) PROSPECT HILL CEMETERY TOWSON MARYT.AND BURTAT 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR BURNS SONS DATE NOV 2 Cirthun S. Haus TOWSON MARYLAND

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Monroe St.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11143

**CERTIFICATE OF DEATH** 

11116

1. PLACE OF DEATH O. COUNTY Beltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) / /	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kingsville	Baltimore 3Vol-4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 2005 Kennedy Avenue  e. is residence on a farm? YES [] No []
3. NAME OF DECEASED (Type or print) Lillian Ceccliz N	1:11 er d. DATE Month Doy Year OF DEATH OCT. 2 19 59
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Oct, 18, 1902   lost birthdoy)   Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Housewife	Marylana
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rudolf Von Bussenius	(ecelia f. Biedermann
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
A	r. Elmer G. Miller, 2005 Kennedy Ave.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2r Lo - a ONSET AND DEATH
200./ DUE TO	
Conditions, if ony, which )	내가 먹다 얼마가 하나가 보니게 모양을 하게 되었다.
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twice course last	선계수가 보고 있다고 하고 있었다. 나를 살아 먹는데 되었다.
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TAKE III. OTHER SIGNAL CONTINUAS CONTINUAS TO DEATH BUTT	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO DEATH BUT NO CONT	YES NO
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ory, street, office bldg., etc.)
21. I certify that I attended the deceased from Sept.	1959, to 0ct, 1959, that I last saw the deceased
6 . 1	occurred at 6 3 M, from the causes and an the date stated above.
dive on the dealing of the dealing o	ADDRESS (Street, city or lown, stote)  DATE SIGNED
ACTUAL William a. Typon	10 Kingsville, Md. Oct. 2, 1959
SIGNATURE NO	10
PHYSICIAN'S William A. Tyson	
220. BURIAL, CREMATION, 22b. DATE THEREOF Burial 10/5/59 Baltimore (	emetery Baltimore, Maryland (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Road	#14 DATPCT 2 59 Chilling & Knows

(IIII)	CERTIFICATE OF DEATH	
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requires that the death certificate be executed within 24 hours

TTENDING PHYSICIAN: The low

11144 CERTIFICA	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY  BALTIMORE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY BALTO.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  STEVENSON  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X STEVENSON
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION VILLA TULIE	d. STREET ADDRESS  VALLEY  RD.  e. 15 RESIDENCE ON A FARM? YES   NO
	RY NEED HAM)  4. DATE OF DEATH  OCT. 11  19  9
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	NOV. 9, 1885 Tast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  IN FIRM A RIAN  RELIGIOUS	ENGLAND U.S.A.
FAMES NEEDHAM	14. MOTHER'S MAIDEN NAME  ANN McDONOUCH
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yet. no. or unknown)  (If yes, give wor or dates of service)  (Yes, no. or unknown)  (If yes, give wor or dates of service)	inter Mary Catrick Villa Julie
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  HMEDIATE CAUSE (a)  DUE TO  CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	nal l'asculer disease. Interval BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  (b)  (C)  (C)	The second of th
CAN	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to 19 While Not while at work at work at work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  20f. (City or town) (County) (State)
21. I certify that I attended the deceased fram.	th occurred atM, from the causes and an the date stated obove.
ACTUAL HOUSE HOUSE	M.D. 115 & Company Street (sity or town, stote)  DATE SIGNED
PHYSICIAN'S Harold H-Burivs	<b>y</b>
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Conference of the control of the	OR CREMATORY  Or CREMATORY  Class.  22d. LOCATION (City, town, or county)  Chester,  Mil.
73. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tapling Turneral Home Catonwille	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

DATE OCT 1 5 '59

TO HOSPITAL OF VS A15 (4) 15M 10/57

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n 24 hours, after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 11145 CERTIFICATE OF DEATH

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INSTITUT	ADDRESS Mt. Wilso	on State Ho	ospital	ADDRESS	MAPLE	ret give location)  F AVEN	CIE
3. NAME DECE	OF (First)	, (	Middle)	MORRIS	4. DATE OF DEATH	(Month) (Dey)	(Yeer
5. SEX MAL.	6. COLOR OR RACE	7. SINGLE, MARRIE WIDOWED, DIV (Specify)	D, 8. DAT ORCED,	9/29/94	9. AGE lest birthd	yrs. IF UNDER 1 YEAR	IF UNDER
done du retired)/	OCCUPATION (Give kind of viring most of working life, even	work 10b. KINI OR OR	D OF BUSINESS INDUSTRY	MARYO			ZEN OF WHA
13. FATHER	HN IRVI	N MOR	RIS	14. MOTHER'S M	AIDEN NAME	OXD	,
	CEASED EVER IN U. S. ARMI		SOCIAL SECURITY NO.	17. INFORMA	NT & ADDRESS HO	spital Reco	rds
(Yes, ho, or u	nk.) (If Yes, give wer or da	ares or service)		Mt. W	ilson State		
I QUEASES	OR CONDITIONS DIRECTLY	LEADING TO DEATH	18. MEDICAL C	ERTIFICATION		IN	TERVAL BETW
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TO THE DE	EATH BUT NOT RELATED TO T DR CONDITION CAUSING DEA	THE D;	LMOYARY	/UBER	CULOSIS	1)	2 407
19a. DATE O		. MAJOR FINDINGS	OF OPERATION			V	20. AUTOPS
21e. ACCIDE	NT WAS UNDERLYING     ITING   CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	21b. PLACE (Home OF INJURY street, or	, ferm, fectory, ffice bldg., etc.)	21c. WHERE DID INJURY	OCCUR? (City or town)	(County)	(Stete)
-		(Yeer) (Hour) 21e. While M. et wo		21f. HOW DID INJURY	OCCUR?		
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22. I her				at// 49 M, from			
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alive SIGN	ATURE,	Wm.	Newcone m.o.	Superintende	nt. Mt. Wils	on. Md.	
SIGN 23. BURIAL,	ATURĘ	/	Newcome IM.D.	Superintender CREMATORY	nt. Mt. Wils	on, Md,	(5
alive SIGN 23. BURIAL, REMOV.	CREMATION, DAT	Wm. E THEREOF	Newcome IM. D. NAME OF CEMETERY  TATMO H	el Cemeles	Lash	on, Md.  , town, or county)  A arec	2 (St
alive SIGN 23. BURIAL, REMOV. 24. REC'D 8	CREMATION, DAT	Wm.	Newcome Im. D. NAME OF CEMETERY TOTAL	010.	Lash	on, Md , town, or county) ADDRE	Zend 55

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erificate has been signed by the attending physician and campletely filled as the burial-transit permit. Then please remove carban papers. Pages 1 ian, or remaval, and in any event within 72 have after death.

TO HOSPITAL OF ATTENDING PHYSICIAN: The law req may be retain by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been significantly page 3 should be detached far use as the burial-transit

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND D.C. Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Washington Fort Howard days d. NAME OF HOSPITAL (If nat in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 3014 Dent Place, N.W. YES NO W Veterans Administration Hospital 3. NAME OF 4. DATE Middle Day Year DECEASED ALBERT LOUIS (Type or print) MORTFELD DEATH October 1959 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Hours WIDOWED | DIVORCED T Male White June 21, 1891 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Patrolman (Civilian Army Engineers St. Louis, Missouri U.S.A. 13. FATHER'S NAME Albert L. Mortfeld Sophia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Clin. Rec. VAH Balto 18 Md. Yes 578-05-0506 Ft Howard Division 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONTA days DUE TO Canditians, if any, which METASTATIC CARCINOMA OF LUNG 6 mos. gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO R Residual thrombosis, left middle cerebral artery 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) MEDI Haur a. m. Nat while at wark at wark 21. I certify that VA ttended the deceased from August 18 , 1959 , to October 18 , 1959 , thoo basis and the deceased from August 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , to October 18 , 1959 , the basis and the deceased from August 18 , 1959 , to October 18 , 1959 , 1959 , to October 18 , 1959 att 1:10PM, from the causes and on the date stated abave. arcus M.O. VAH Balto 18, Md., Ft. Howard Div. SIGNATURE\_ PHYSICIAN'S LAWRENCE D. MARCUS, M.D. 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)

Burial 7 Arlington National Cemetery Ari23. FUNERAL DIRECTOR'S RIGNATURE ADDRESS 5732 Jac. 240. REC'D BY REGISTRAR

W.K. HUNTEMANN & SONS, 5732 Georgia Ave., NW, Wash., D.C.

Grilma S. Kraus

Arlington, Virginia

2 0 '59

24b. REGISTRAR'S SIGNATURE

THE PROMPTON STREET OF STREET OF STREET emedinkenal april 10 The state of the s codoto "" TENERA DE CONTROL DE CO dele de la la companya de la company restricted (Stylia in this case of President and Street 1.1.1.1.1) restricted Alberta A specific make trade transport to the drawing the called the trade to the content of the called . D. C. 13.1 Real distribution of the color of the section of th representative of the restore of the RL Survey of the RL Reference to the second of the THE STREET STORY SELECTION OF THE SELECTION OF THE SELECTION SELECTION OF THE state of special feet to entirety self-retter a great of the last married that I have be

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FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the start please execute the ficate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral pictor. Page 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Health, are its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

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VS.	A15ME
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11147 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11120

Reg. Dist. No.

o. COUNTY	Baltimere	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where decease			
b. CITY OR TOWN and give negrest low	(If outside corporate limits, write RU rn)  Tewson	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orate limits, write		earest fawn)
d. NAME OF HOSPI		ot in hospital, give street address)	d. STREET ADDRESS	L5 Tenbu	ry Rd.	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Thomas	Middle Campbell Murra	ly Jr.	4. DATE OF DEATH	Monti 10	h Day	Year 19 59
Male	207. 2.4 .	MARRIED NEVER MARRIED 8.	Date of Birth		P. AGE  In years lost birthday)	Months Days	Hours Min.
during most at work	ION (Give kind of work doning life, even if retired)	106. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Sto		untry)	12. CITIZEN O	F WHAT COUNTRY
3. FATHER'S NAME Thomas	C. Murray		14. MOTHER'S MAIDEN	NAME Codd			
	VER IN U. S. ARMED FORCE (If yes, give war or dates of servi	(0)	FORMANT	T. Mur	Addren		
Conditions, if gave rise to imm. (a), stating the couse last.  PART II, OT	underlying DUE TO	IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV		9. WAS AUTOPSY PERFORMED? YES   NO
PART II, OI  200. EXTERNAL CU PRIMARY   0 or CC CAUSE OF DEATH  20c. TIME OF INJU Hour P. m	JRY Manth Day, Year	20d. INJURY OCCURRED 20e. PLAC While Not while of work of work	reeT	Shad (City)	meen	tes 3/1	Dug he fra De
		f the remoins described oborturol course Accident	The state of the s	•	pection (1),	1 7 -	, ond in my
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	Mailes	TO homely	M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	ICAL EXAMINER		101,	DATE SIGNED

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* 7 2 2 7 4	108-2 (MINUS • 2004)	STREET VIETE			
					W. C. (1967)
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	Comment District				drawn Will
			TEL . 30	was and and	faktura.

death: Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11121

		1102	4	CERTI	FIC	ATE OF D	EATH			Reg. D	ist. No.	T1,	01
1.	PLACE OF DEATH	timore		MARY	LAND	2. USUAL RESIDI	ence (who		b. COUNT	ution: Reside	Aru	odmissi ndel	ion)
Г	b. CITY OR TOWN (I	f outside corporate limi	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						)	
	Rel	ay		4 Month	S	Oden	ton		0	2 x	2		
	OR INSTITUTION	AL (If not in hospital, g				d. STREET AD	DRESS					e. IS RESI	DENCE FARM?
I	Relay Hill	H ospital,	Rela	ay, 27, Md.									NO 🗆
3.	NAME OF DECEASED (Type or print)	John Fir	st	Middle Thoma		Lost Myers		4. DATE OF DEATH	Octob	onth or	6		rear
5.	SEX	6. COLOR OR RACE	7. MARR	HEDE NEVER MARRI	ED 🔲	8. DATE OF BIRTH			9. AGE (In year	IF UNDE	R 1 YEAR		R 24 HRS.
	male	white	WIDOW	DIVORCE	0	April 23	,1890		lost birthdoy		Days	Hours	Min.
10	. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLA	CE (Stote o	or foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
Pe	nna R.R. C			0100 0110		Odento	n, A.	A.Co.	, Md.		U.S.	A.	
13.	FATHER'S NAME					14. MOTHER'S A	AAIDEN N	AME					
	Joseph D.	Meyers				Emma 1	Meeks						
15	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. 1	NFORMANT			Ac	dress			
	No	mum	71	7-07-5946	Wii	fe: Mary	Beasl	еу Му	ers, Ode	enton,	A.A	. Co	., Md
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Cardio-vascular Accident  DUE TO  Conditions, if ony, which gove rise to immediate couse to immediate lying couse lost.  (c)  DUE TO  (c)  INTERVAL BETWEEN ONSET AND DEATH 60 hours  DUE TO  (b) Arteriosclerotic Cardiovascular Disease  Many years  DUE TO  (c)						DEATH PUTS TEATS						
CERTIFICATION		HER SIGNIFICANT CON								GIVEN IN PA	RT 1(0) 1	PERFO	AUTOPSY RMED? NO 🔀
	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of	injury in P	ort I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Not while at work	20e. PL fo	ACE OF INJURY (Hectory, street, office i	ome, farm, bldg., etc.)	20f. (City	or town)		(County)		(State)
	actual SIGNATURE	nat I attended the obser 6  Sewis Countries  Ewis P. Gui	-, 12 ·	59, and that	death		7:12p	M, from		and on		e state	
L	REMOVAL (Specify)	10 Ucto	ber5		n F	ark Com	1.	Ba	Hon (City, town	c.,	14	(Stote	an d
7	FUNERAL DIRECTION	ne leleno .	Glen	Burnie			24a. REC'C	BY REGIST	_	JALLUM Z	a 1		

may be retained by the hospital or attending physicion.

O FUNERAL L. CTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in ony event within 72 hours offer death. TO HOSPITAL OR may be retained VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/\$5

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, etc. death. Page 4

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y the ottending physician and completely filled in by the funeral director,	Then please remove corbon popers. Poges 1 and 2 should be filed with	
completely	popers. Po	eath.
hysician onc	nove corbon	event within 72 hours ofter death.
ottending p	n please rer	within 72 h
the the	The	event

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11148 CERTIFICATE OF DEATH

11122

		CERTIT	CAII	. 0. 0	<b>L/</b> 111			Reg. Dist.	No.
PLACE OF DEATH O. COUNTY Baltimo	re	MARYLA		- STATE	ence (Who	ere deceased	lived. If institution b. COUNTY		before admission)  IMOPE
b. CITY OR TOWN (If outside corpore RURAL and give negrest town) Fullerton	ote limits, write	c. LENGTH OF STAY IN	16			rton	ote limits, write R	URAL ond giv	e nearest town)
d. NAME OF HOSPITAL (If not in hos OR INSTITUTION 4515 Full	pitol, give street of		1	4515		lerto	n Aven	ue	e. IS RESIDENCE ON A FARM? YES NO (A)
NAME OF DECEASED (Type or print)	JOHN	Middle	NEBO	HY		4. DATE OF DEATH	Octob		Day Year 19 59
. SEX 6. COLOR OR	RACE 7. MARR	IED NEVER MARRIED		ATE OF BIRTH			9. AGE (In years lost birthdoy)		YEAR IF UNDER 24 HRS.
male whit				ug.23			84 уга.		
On. USUAL OCCUPATION (Give kind of during most of working life, even if	retired)		INDUSTRY						EN OF WHAT COUNTR
Tailor  B. FATHER'S NAME	T	.I.Swartz	114	MOTHER'S		ovaki	La	la A	DAM: 020011
John Ne	bohy					Bukov	rsky		
(es, no. or unknown) (If yes, give wor or o	D FORCES? 16.	social security no. 5-09-2304A			Jes	atko,	, dght,		8
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY: An	teriosile	relic	. Hea	IT De	seen	e		INTERVAL BETWEEN ONSET AND DEATH 20 years
Conditions, if ony, which	(b) OUE TO (c)								
PART II. OTHER SIGNIFICAN	IT CONDITIONS C	CONTRIBUTING TO DEAT	H BUT NOT	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICAN  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF EITHER, NOTIFY MEDICAL EXAM	DEATH INER) 206. DESC	CRIBE HOW INJURY OCC	URRED. (E	nter noture of	injury in f	Port 1 or Port	II of item 18.)		
20c. TIME OF INJURY Month, Do Hour o. m. p. m.	y, Year 20d. If White of wor	Not while		OF INJURY (H , street, office			or town)	(Co	unty) (State)
21. I certify that I attende alive an OG.	12		eath oc		7	M, fram		and an the	st saw the decease date stated above
PHYSICIAN'S NAME (Type) ADAM	Co.	Ewiss	M.D.	673	- 146	Kur	<i>(60, (5)</i>	rallo	· 6 , bec 0.72
20. BURIAL, CREMATION, 27b. DATE 10/2	THEREOF 26/59	Bohemian			Cem	27d. LOCAT	CON (City, town, old timore	or county)	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE Schimunek Funer 2001-3-5 E	cal Hom	ADDRESS Inc.			240. REC'I	T 2 6 '5		STRAR'S SIGN	

MARKET TO THE CARLO CARLO LATA GOT/SELLUT ETC. Windson Xinoston THE PARTY OF THE P aniavelondese Will extense 1 T Well mafin March . Since . on Chart . me . I and Innormal making THE COUNTY OF LOT AND

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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-		-		-

Reg. Dist. No.

								-		
1. PLACE OF DEATH	altimore		MARY		USUAL RESIDENCE (Wo. STATE	The second	d lived. If instituti b. COUNTY		e before odr	
b. CITY OR TOWN (	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			IN 1b						
d. NAME OF HOSPI OR INSTITUTION	FAL (If not in hospitol, g 5543 Gay			1	d. STREET ADDRESS 5543 Gag		Rd.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Mary		Malinda	Nei	lost ghoff	4. DATE OF DEATH	Oct.	24,	Doy 1959	Year 19
s. sex	6. COLOR OR RACE	7. MARR	DIVORCE	ED   8. D	ate of BIRTH	0	9. AGE (In years last birthdoy) 9 yrs.		YEAR IF UN Days Hou	NDER 24 HRS
10a. USUAL OCCUPATION during most of wor Housewif	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUSTRY	Marylan	e or foreign o	ountry)		S.A.	T COUNTRY
13. FATHER'S NAME				1	. MOTHER'S MAIDEN					
	s S. Neig				Isabelle	Dibb				
1S. WAS DECEASED EVE (Yes, no, or unknown) NO	R IN U. S. ARMED FOR (If yes, give wor or dates of s	service)	social security NO	1.000	mant nard N.	Neigh	off 554	ress 3 <b>Gay</b>	land	Rd.
Conditions, if a gove rise to it couse (a), stating lying couse lost.	ny, which (b) (b) TO (c) (c)	) ) )								
PART II. OTI	HER SIGNIFICANT CON	iditions_c	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	ATNAL DISEAS	E CONDITION GIV	EN IN PART	PEI	AS AUTOPSY REORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter noture of injury in	Port I or Por	t II of item 1B.)			
20c. TIME OF INJUI Hour o.m. p.m.	RY Month, Doy, Ye	While	Not while		OF INJURY (Home, for , street, office bldg., et		or town)	(C	ounty)	(Stote
21. I certify the alive an	at I attended the Oct of	deceas			., 1959, to curred at 90010		the causes ar treet, city or town, US WY	nd on the	date stat	deceased ted abave DATE SIGNEE
PHYSICIAN'S NAME (Type)		Pass	, M.D.		4001		ens Ave		29	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	22b. DATE THEREC		Zzc. NAME OF CEM		Cemetery	June	TION (City, town,			Stote)
23. FUNERAL DIRECTOR		77	ADDRESS	Idik		Da T		STRAR'S SIG		
Howard H	I. Hubbar	d 41	07 Wilker	s Ave	enue DATE					

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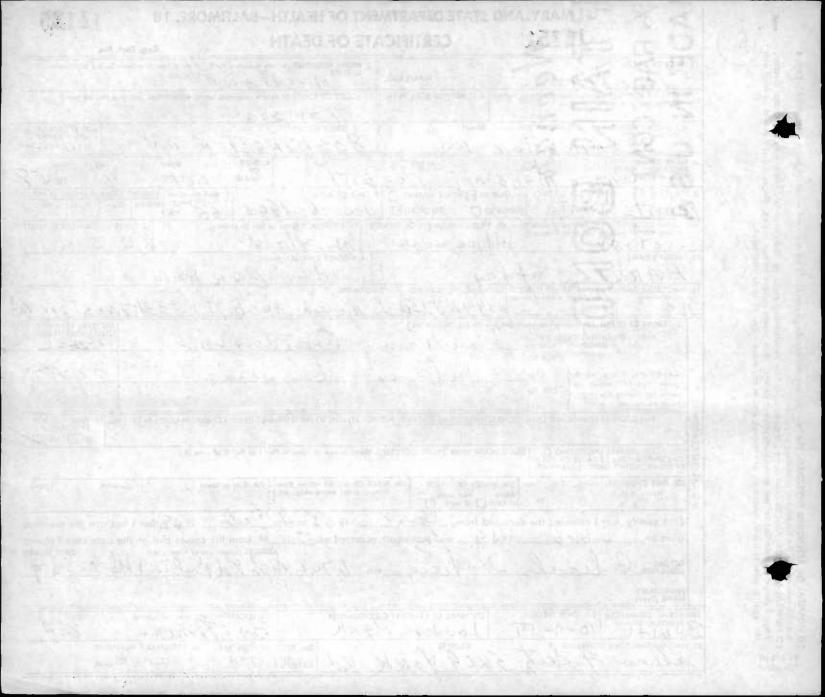
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11151

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

11125

			Reg. Dist.	110.
1. PLACE OF DEATH O. COUNTY O. COUNTY O. TIMORE	MARYLAND 2. USUAL O. STA	RESIDENCE (Where deceased lived, Te MATIL AND.	If institution: Residence COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16 c. CIT	OR TOWN (If outside corporate limit	ts, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION 833 KIN65TON	nd $183$	EET ADDRESS BY ING STOR	nd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GRACE MARGAR	et Nesbit.	Lost 4. DATE OF DEATH	Month CT	Day Year
Female 6. COLOR OR RACE 7. MARRIED E WIDOWED	NEVER MARRIED   B. DATE OF	16-1903 9. AGE lost 1	(In years IF UNDER 1 Y Months Dayrs.	EAR IF UNDER 24 HRS.  1ys Hours Min.
	OF BUSINESS OR INDUSTRY 11. BI	RTHPLACE (State or foreign country)	12. CITIZE	S, A,
13. FATHER'S NAME HARRY STEPPEY	14. MOT	HER'S MAIDEN NAME	Her.	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCI. (Yes, no, or unknown)   Iff yes, give wor or doles of service) 2/9-	AL SECURITY NO. 17. INFORMANT	Ack Nesbitt	833/1/	vestor 18
1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(o), (b), and (c).]	Declusin		INTERVAL BETWEEN
Conditions, if ony, which ) (b)	iteria -	& Cersis	,	3 years
gove rise to immediate couse (o), stating the under-lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART I	o) 19. WAS AUTOPSY PERFORMED? YES NO (2)
	HOW INJURY OCCURRED. (Enter na	ure of injury in Port I or Part II of ite	m 18.)	
Hour o. m. While	OCCURRED 20e. PLACE OF INJ factory, street, at work	JRY (Home, form, office bldg., etc.)	) (Cou	nty) (Stote)
21. I certify that I attended the deceased from the control of the	rom fine , 19	55 to 4 Och		t saw the deceased date stated above.
ACTUAL Coleanle DX	· l'eie - MD le	201 With Cold		DATE SIGNED
PHYSICIAN'S NAME (Type)			V	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. BURIAL (Specify) 76-7-59	NAME OF CEMETERY OF CREMATO		town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 2 DATEOCT 7'59	246. REGISTRAR'S SIGNA Crimy & the	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11126 11152 CERTIFICATE OF DEATH Rea. Dist. No with director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neares) town) 646 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 2914 ON A FARM? 25 YES NO 0 2 NAME OF 4. DATE OF DEATH Middle Yeor Doy filled DECEASED Pages (Type or print) 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last bigthdoy) Months Days WIDOWED [ DIVORCED [ papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during east of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. TOME. pup carban offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO 18. CAUSE OF DEATH [Enter only one couse per line for (o) tollong PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 420.1 DUE TO é Conditions, if ony, which gave rise to immediate per DUE TO cause (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. TOPSY PERFORMEDE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While of work work 21. I certify that attended the deceased from that I last saw the deceased alive an and that death occurred at M, from the causes and on the date stated above. OR DATE SIGNED ACTUAL RAL DI shauld PHYSICIAN'S NAME (Type) TO FUNERA BURNAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stol or county) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE OCT arthur & Krank 1SM 10/57

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IF	MARYLAND ST	ATE DEPARTMENT OF HEALTH—BALTI	MORE, 18
(3)	11016	CERTIFICATE OF DEATH	Re
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	11016	CERTIFICA	TE OF DEATH		Reg. Dist.	No.
	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WH	ere deceased lived, If ins b. COU	Baltimo	before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16		outside corporate limits, w	ite RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 1142 Linden AVE		d. STREET ADDRESS 1142 Linde		e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print) Richard L	• Neuendorf	Lost	4. DATE OF DEATH	t.13/59	Day Year
	Male 6. COLOR OR RACE WIDOW		Nov. 21,1	899 9. AGE (In y lost birthd	eors IF UNDER 1 Y oy) Months Do yrs.	EAR IF UNDER 24 H bys Hours Min
	0a. USUAL OCCUPATION (Give kind of work done lob during most of working life, even if retired Buller	ican Radiator	Maryland		USA	OF WHAT COUNTE
J	3. FATHER'S NAME Richard Neuendorf	CC	Anna Anna	IAME		
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dates of service)		FORMANT	euendorf	Address	
	1B. CAUSE OF DEATH [Enter only one cause per leading to the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		THRON B			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. (b)					
	PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1	19. WAS AUTOP: PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Part I or Port II of item 1B	.)	
	Hour a.m. While	£ s	CE OF INJURY (Home, farm ary, street, office bldg., etc		(Cou	nty) (Sta
	21. I certify that I attended the decear alive an Extraory 21, 19.  ACTUAL SIGNATURE Wellin 7.	59, and that death		M, fram the causes	and an the a	saw the deceas late stated abar DATE SIGN
	PHYSICIAN'S MC VI'N N.	BORDEN	BALTO	29, MD		10/15/
B	20. BURIAL, CREMATION, REMOVAL (Specify) Urial  Oct. 16/59	22c. NAME OF CEMETERY OR		22d. LOCATION (City, to	wn, or county) Md	(State)
2	WIVE ABRETTHEFTE Direct	Or SADDRESS	24a. REC'		REGISTRAR'S SIGN. Cathan S. H	

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Melvin N BORDIEN BALTO 29, MD

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FCCQCLESS T. SEL.

10/15/54

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VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No ON A FARM2 YES NO A Day Year 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH mo PERFORMED? YES NO 14 (County) (Stote) 1959 that I last saw the deceased DATE SIGNED (Stote)

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

		CERTIFICA	IE OF DEATH		Reg. Dis	t. No.
1. PLACE OF DEATH o. COUNTY Balti	more	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryl		If institution: Residence COUNTY	e before admission)
b. CITY OR TOWN (If outside con RURAL and give negrest town).  Dundal		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		its, write RURAL and gi	ive nearest town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION TO	hospital, give street od ilden Rd.	dress)	d. STREET ADDRESS 2708	Tilden l	Rd.	ON A FARM? YES NO
1.77	rbara Noy		Lost		Oct. 8,19	Day Yeor
Female 6. COLOR Whi	or race 7. Marries	The state of the s	Oct. 29,18	9. AGE	1 11 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
during most at torking in a	nd of work dane 10b. KI en if retired)	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Siote Balto.		12. CITIZ U.S	ZEN OF WHAT COUNTRY
George N:	ichol		Margar	et Muel	ler	
15. WAS DECEASED EVER IN U. S. A [Yes, no, or unknown) (If yes, give wo	ARMED FORCES? 16. SC or or dates of service)		ormant Presa Trace	y-2708	rilden Rd	
Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO (b) DUE TO (c)	ot Cerc	BAPINI			ONST AND DEATH
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	1	IBE HOW INJURY OCCURRED.			4	PERFORMED?
20c. TIME OF INJURY Month, Hour o. m. p. m.	WHITE	URY OCCURRED 20e. PLAN Not while of work	CE OF INJURY (Home, farm ory, street, office bldg.,	20f. (City or town	n) (C	ounty) (State)
21. I certify that I after alive an ACTUAL SIGNATURE	gded the deceased, 195	fram 1709, 9, and that death		M, fram the chapters (Street, cit	causes and an th	ast saw the decease e date stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	13. DAV	22c. NAME OF CEMETERY OR		MC - V	ity, town, or county)	10/9/59 (Stote)
	12-59	Baltimore	Cem.	Balto.	Md.	
John C Miller	Inc - 2431	E. Oliver	17	D BY REGISTRAR	24b. REGISTRAR'S SIG	

moy be retained by the hospital or attending physicion.

O FUNERAL I CTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. 171 TO FUNERAL VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL OF

ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 11155 CERTIFICATE OF DEATH

11131

Reg. Dist. No. 32

1. PLACE OF DEATH			CE (HOME) OF DECEAS	
COUNTY Baltimore	MARYLAND	STATE MA	COUNTY Ba	2+0 City
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL end give n	eerest town)
OR end give nearest town) TOWN 354 T.T.2 3	(in this place)	OR TOWN	baltimore	311-11
HOSPITAL OR	15 116.	STREET	(If rural give focetion	
INSTITUTION OR		ADDRESS 7		
		30	7 M. Brua	dway
3. NAME OF (First) DECEASED	(Middle)	(Lost)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) / homas	D. P.	achel	DEATH /O	4 19 59
5. SEX 6. COLOR OR 7. SINGLE, MA WIDOWED, (Specify) S	RRIED, DIVORCED, Eparated 8. DATE	15/1890	P. AGE lest birthdey IF UND Months	Deys   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working fife, even if	KIND OF BUSINESS OR INDUSTRY Sturant	11. BIRTHPLACE (Stete or foreign		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	0(10.7)
Dan Pachel		Vezn	?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	16. SOCIAL SECURITY NO. 208-10-854	17. INFORMANT & A	**************************************	
		- All British Bling and the	State Hospital	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE	RTIFICATION		ONSET AND DEATH
45/X IMMEDIATE CAUSE (A) An	eutysm o	tAbdomin	al Aorta	
ANTECEDENT CAUSE(S) DUE TO	, —	sclerosi		1 >
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Arcerio	SCIEFOSI	15	•
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	r Advance	ed Pulmona	y V Tu berculo	u 19m0
190. DATE OF OPERATION 196. MAJOR FINDING	GS OF OPERATION			20. AUTOPSY? YES NO
	ome, ferm, fectory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town) (Co	ounty) (Stele)
	the INJURY OCCURRED While Not while the work the structure of work the structure of the str	21f. HOW DID INJURY OCCUR	?	
22. I hereby certify that I attended the de	ceased from 7/8	10.58 10 /	0/6 10 34 16	I leat and the decorat
alive on 10/6, 19:59, a	nd that death occurred a	508Au 6- 16	average and an the data at	i last saw the deceased
SIGNATURE	ind mai dealli occulied a	ADDR	auses and on the date sta RESS (Street, city, town, stete)	DATE SIGNED
Wm.	Newcomer. 45 S		Mt. Wilson, Md	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cour	enty) (State)
BURIAL 10-8-59	Greek Ortho	odox Cemetery		(0.010)
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	· ·	ADDRESS
2 11				
DATE OCT \$ '59 Carling in Flore		WIIIIam COOK	i, Inc., 1217	st. Paul Stree

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1. PLACE OF DEATH

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TE OF DEA	ATH				
	Re	eg. Dist.	No		
2. USUAL RESIDI	ENCE (HOME) OF DI	ECEASE		1	
STATE MC				-	
CITY (It outside cor	rporate limits, write RURAL a	nd giva near	est town)		
TOWN BE	altimore	3 V	101	-4	
STREET	(Il sural giv	ra location)			
ADDRESS 510	00 Franklin	town	Ros	ad	
(Lest)	4. DATE (Mon	th)	(Day)	(Yaa	r)
arrish	OF DEATH	et.	30.	19	59
ATE OF BIRTH	9. AGE lest birthday	IF UNDER	1 YEAR	IF UNDER	
		Months	Days	Hours	Min.
reh 13,1895	64 yrs.			1	
11. BIRTHPLACE (Steta or Io	oreign country)	12	COUN	N OF WHA	(I
Md.			U.S	3.A.	
14. MOTHER'S MAIDE	N NAME				
Ella A.	Kidwell				
O.   17. INFORMANT 8	ADDRESS				
Mrs T.A.	Levering 5	903	Reli	timor	00
CERTIFICATION	, more of any	7000		RVAL BETW	
Vioce Rec	cedent		ONS	SET AND DI	HTA
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. 1	- Ureni	ie			
			20	. AUTOPS	Y ?
			YES	☐ NO	
21c. WHERE DID INJURY OCC	CUR? (City or town)	(Coun	ly)	(Stata)	
211. HOW DID INJURY OCC	CUR?				
T', 1950, to C	QX 50, 1959	, that I	last sav	w the dec	eased
ed at 4507 M, from the	causes and on the c	date state	d abov	e.	
	DRESS (Street, city, low				GNED

after the Baltimore COUNTY MARYLAND hours LENGTH OF STAY Ill outsida corporate limits, writa RURAL director, Catonsville 9 Mos. TOWN Manor 77 HOSPITAL OR INSTITUTION OR 5903 Baltimore Ave.. within funeral STREET ADDRESS 3. NAME OF (First) (Middle) DECEASED registrar by the f Ethel H. (Type or Print) SINGLE, MARRIED. S. SEX 6. COLOR OR WIDOWED, DIVORCED. RACE (Specify) 11dowed White Female Ma the .5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS with done during most of working life, even If OR INDUSTRY burial transit permit. Hodsewife 13. FATHER'S NAME FUNERAL DIRECTOR: The law requires that the death certificate be filed completely Edward F. Gohr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N 216-32-883 (II Yes, give wer or datas of service) (Yas, no, or unk.) no physician and 18. MEDICAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ro use as Y IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) the attending ph DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 99 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION þ death certificate assembly should 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, executed OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21a. INJURY OCCURRED (Yeer) (Hour) While Not while et work at work peen 22. I hereby certify that attended the deceased from. alive on Dec. certificate has and that death occurr SIGNATURE A15C 1-55 10M NAME OF CEMETERY OF CREMATORY 23. BURIAL, CREMATION DATE THEREOF LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Lorraine Park Woodlawn. Md. 11-3-1959 Burial 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chilling & Fleares DATE NOV 3

may be retained by the hospital or attending physician. The bottom

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MARYLAND STATE DEPARTMENT OF HEALTH—BEST

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

11134

11158 Reg. Dist. No. 32 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Baltimore COUNTY MARYLAND STATE (If outside corporate limits, write RURAL and give neerest town) LENGTH OF STAY OR TOWN (in this place) TOWN Mt. Wilson HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS Mt. Wilson State Hospital 3. NAME OF (Middla) (Last) DECEASED LOUISE (Type or Print) NE TTIE SEX COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED. Hours (Specify) MARRIED 10a, USUAL OCCUPATION (Giva kind of work 11. BIRTHPLACE (State or loraign country) KIND OF BUSINESS CITIZEN OF WHAT dona during most of working life, even If OR INDUSTRY COUNTRY? MARYLAND HOVSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HUBER KATHERINE/MOHR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Hospital Records Mt. Wilson State Hospital 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ADVANCED PULMONARY TUBERCULO DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE INSUFFICIENCY DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION AUTOPSY NO 218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OF INJURY straet, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21a. INJURY OCCURRED (Year) 21f. HOW DID INJURY OCCUR? Not while at work at work 22. I hereby certify that I attended the deceased from....... , 19 5 9 to 19.59 and that death occurred at 5.45 A.M. from the causes and on the date stated above. alive on... SIGNATURE ADDRESS (Streat, city, town, state) Wm. Newcomer, M.D. Superintendent, Mt. Wilson, Md. BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stata) REC'D BY REGISTRAR

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MARYEARD STATE DEPARTMENT OF REALTH-DALTIMORE, IS

## CERTIFICATE OF DEATH

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VS A1S (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11135

Male White WIDOWED DIVORCED January 23,1899 OO White Wind of work done during most of working life, even if retired Driver Transit Company Baltimore, Maryland U.S.A.  3. FATHER'S NAME  John F. Penn  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. WINDOWN WITHOUT WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMONARY EDEMA  B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMONARY EDEMA  Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost.  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES DO. ACCIDENT WAS UNDERLYING DO. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)		59	E G	CERTITI	UN 1	L OI DEAIII			Reg. Dist	No.	
RURAL ord give sporest form) FORT HOWARD  d. NAME OF HOSPITAL (if not in hospital). give street oddress) FORT HOWARD  d. NAME OF HOSPITAL (if not in hospital). give street oddress) First Middle First Middle Cryps or print)  NAME OF First Middle Cryps or print)  NAME OF First Middle Windle	a. COUNTY	nore		MARYLAN		o. STATE	ere decease		an: Residence	e before ad	mission)
AMME OF HOSPITAL (If not in hospital, give street oddress)   Section   Sec	RURAL and give n	nearest town)	write		16		itside carpo		-		awn)
Veterans Administration Mospital    562 Wayne Avenue	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv	e street o	address)				(1)	2 V	e. IS	
DECASED PRINT   REYNOLD   DIVERS   DECATE   DECA	Vetera	ans Administ:	ratio	on lHospital		5623 Wayne	e Ave	nue			
Male White widowed Divorce Divorce Divorce State	DECEASED		OLD		I		OF				
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Driver  Transit Company  Baltimore, Maryland  U. S. A.  Father's Name  John F. Penn  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  In Continuing the part of the discovery of the part of the discovery of the part											
John F. Penn   Helen Gerkles		ON (Give kind of work do rking life, even if retired)	10b. I	kind of Business or II ransit Compa	NDUSTR	Baltimore	r foreign c	yland			
S. WAS DECEASED EVER IN U. S. ABMED FORCES? IT. S. OCCURRED (II) year, go are not of other of serviced of vertical transformation of the course of the cours	13. FATHER'S NAME										
S. WAS DECEASED EVER IN U. S. ABMED FORCES? IT. S. OCCURRED (II) year, go are not of other of serviced of vertical transformation of the course of the cours	John F. F	Penn				Helen Gerkle	es				
Tes WW I 213-10-2763 Clin.Rec., VAH, Balto.18, Md. Fort Howard Divisic  IB. CAUSE OF DEATH [Enter only one couse per line for [o], (b), and (c].]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o) PULMONARY EDEMA  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PREFORMED  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION TO THE TERMINAL DI	IS. WAS DECEASED EVI	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	INFO			Add	ress	-	
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21. I certify that attended the deceased framOctober 20, 19 59, to October 27, 19 59 MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	20a. ACCIDENT W	AS UNDERLYING 2						1    of item 18.)			
ACTUAL SIGNATURE John W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD DIV. 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PAGE SIGNATURE John W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH, BALTO 18, MD. FT. HOWARD, DIVISION 10/28/5  PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD NAME (Type) JOHN W. CRAWFORD NAME (TYPE) JOHN NAME (TY	Hour o.m. p.m.	19	While ot wark	Not while at work	factor	y, street, affice bldg., etc.)					
20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF REMOVAL (Specify) 11-3-59 Baltimore National Baltimore, Maryland  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE PHYSICIAN'S	hy w. C.	an	find	eath a	VA H, BALTO	M fram DDRESS (S	the causes are treet, city or town,	d an the state) WARD I	date sta	ned abave DATE SIGNED 0/28/5
NOV. o. UTO	22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	0100	22c. NAME OF CEMETER		REMATORY	22d. LOCA	TION (City, town,	or county)	(	
Baltimore, Md.			ne,63	37 Washingto		.vd. DATE					

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Cillian S. Thomas

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TO DEPUTY MEDISAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is not it any delay is not it any delay is not it and it any delay is not it and it and it are the content of the funeral content in the should be not at the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to benial, cremation, or removal, and in any event within 2 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 111 COMEDICAL EXAMINER'S CERTIFICATE OF DEATH

11138

		TITOS								Reg. Dist	No.	
1,	PLACE OF DEATH					2. USUAL RES	IDENCE (	Where deceas	ed lived. If instit	ution: Residence	e before admissi	on)
,	B. COUNTY	altimore			MARYLAND	o. STATE	Md.		b. COUNT	Y Ba	ltimore	
1	. CITY OR TOWN HE	outside corporate limits, write	RURAL	c. LENGTH OF	STAY IN 16	c. CITY OF		f outside corp	orate limits, write			
	end give nearest town) Rur al	Pikesvi	170	1				11e 8				
-		L OR INSTITUTION (I		oital, give street		d. STREET		TTE 0	, sau		e. IS RESI	DENCE
		lursing H				113	Sher	wood	Ave.			FARM?
3.	NAME OF DECEASED	Fire	1	Mid	dle	Los	1	4. DATE OF	Mont	h	Day Yee	ır
	(Type or print)	France	es	Wal	ker	Powel:	1	DEATH	Oct	ober	19 19	59
5. 3	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER M	ARRIED   B	DATE OF BIRTH	1		9. AGE (In years lost birthday)	1	YEAR IF UNDER	and the same of the same
]	Temale	White	WIDOWED	DIVO	RCED 🔲	July 8	8.18	78	87 yrs.	Months De	oys Hours A	Min.
100	LISUAL OCCUPATIO	N Give kind of work	lone 10b. K	IND OF BUSINES	S OR INDUST				ountry)	12. CITIZE	N OF WHAT CO	DUNTRY?
	Housewif	e even if refired)	Ow	n home		Cli	nton	, Mas	6.	U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S						
	Cutle	r B. Wall	cer			Car	ev P	rocto:	r			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURIT	Y NO. 17. IP	NFORMANT	U			Pilrog	ville 8	S Ma
(Yo:	no, er unknown)	(If yes, give war or dates of		one	Mr	Norm	an S	Powe	11,113	Sherw	ODG AV	a,
		H [Enter only one cou				· ····································	7.4.0	. = 0 0.	,/	-1101	INTERVAL DETWEEN	
	PART I, DEATI	H WAS CAUSED BY:	Con	eraliz		tonios	o Tom	oaia			ONSET AND DEATH	1
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	450.0	DUE TO										
	Conditions, if an											
	(a), stoting the u											
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CERTIFICATION	PART II, OTH	Fracture	The same			OT RELATED TO	THE TERM	INAL DISEASI	CONDITION GI	VEN IN PART I	PERFORA	
IFIC	200. EXTERNAL CAU			HOW INJURY		nter nature of in	iury in Par	t I or Part II	of item 18.)		1	
	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING 20	Jnkno	wn-pat	ient	too sei	nile	to d	escribe	inju	ry.	
MEDICAL	20c. TIME OF INJUR		r 20d. 1	NJURY OCCURR	ED 20e. PLA	CE OF INJURY (	Home, form	n. 20f. (Cily	or fown)	(Count		(State)
MEC	7100r o. m.	Sep. 2119	59 of wo	rk ol work	Rob	b Nurs	ingH	ome, P	ikesvil	le Ba	lto., Mc	1.
	21. I certify th	at I took chorge										in my
	opinion deoth	resulted from: 1	Vaturol c	ouses X.	Accident [	, Suicid	e 🔲,	Homicide	, Undete	ermined me	anner 🔲	
					4.5		200					
	ACTUAL SIGNATURE	. D. Ga	ple			M.D. CHIEF A	AEDICAL E	XAMINER [			DATE SIG	NED
		/				ASSISTA	NT MEDIC	AL EXAMINE	R 🔲	Oat	30 7	050
	EXAMINER'S I	D. Cap	Les,	M. D.		DEPUTY	MEDICAL	EXAMINER [	X	001	. 19, 1	-959
220	BURIAL CREMATIO	N. 22b. DATE THEREC	F	22c. NAME OF	EMETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)	(Stote)	
(	cremation	Oct.21,	1959	Loudon	Park	Crema	torv	Bal	timore,	Mary	land	
23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			240. REC"	D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	IATURE	3 7 7 7 7
	Frank H.	Newell.	Pikes	ellive	8. Md		DATE	61 20 5	19 6	wining S. 9	Traves	

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The law ledging man in the law ledging and the law ledges and the law ledges are the law ledges and the law ledges are the law	in. y the haspital ar attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun	ld be detached far use as the burial-transit permit. Then please remave cyfban papers. Pages 1 and 2 shauld	
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VS A1S (4) 1SM 9/SB

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	
	CERTIFICATE	OF DEATH		

11139 Reg. Dist. No. CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY & WARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and 3 we referest fown)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ACCUSATE ACCUSAT	3800 Nohawk are on a FARM?
3. NAME OF DECEASED (Type or print) Aaron Alex	Radel 4. DATE OF DEATH October 31 1959
3. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of wark done lob. KIND OF BUSINESS OR INDU during most of working life, even if retired)	e argentina USA
13. FATHER'S NAME : Morris Radel	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, ar unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	ulia Radel - 3800 Mohawk an
IB. CAUSE OF DEATH [Enter anly ane couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	of the protote interval Between ONSET AND DEATH 14 mosts.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased fram aug alive an off 29, 19,54, and that death ACTUAL SIGNATURE	n accurred at 1 a. M., fram the causes and an the date stated abave.  ADDRESS (Street, city or town, stars)  DATE SIGNED  M.D. 2933 M. Charles H. (2014)
PHYSICIAN'S NAME (Type)	
PEROVAL (Specify) Od 31 159 22c. NAME OF CEMETERS C	up Westives, new Jersey
20 FUNDON & BUS - 1124-36 W.	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TILES CERTIFICATE OF DEATH her alwards - war and the second from Sections of Daily states and AN ALLEN AN LAST CONTRACTOR OF THE STATE OF TO THE STATE OF TH Bat and bearing عالم المنافي المنافي المنافي المنافي المنافية

PHYSICIAN'S

REMOVAL (Specify)

white one causes and an the date stated abave. ACTUAL SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

21. I certify that Mattended the deceased fram October

NAME (Type) JOHN W. CRAWFORD. M.D.

BALTIMORE

22c. NAME OF CEMETERY OR CREMATORY

NATTONAL

22d. LOCATION (City, town, ar county)

ADDRESS (Street, city or town, state)

VAH.BALTO.18.MD.FT.HOWARD DIVISION

24g, REC'D BY REGISTRAR

BALTIMORE. MARYLAND

24b. REGISTRAR'S SIGNATURE

(State)

to October 29 19 59 mand the book by

23. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** Howard Hubbard Funeral Home 1107 Wilkins Ave Baltimore, Md.

DATE NOV 2 Orthug & House

VS A15 (4) 1SM 9/SB

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MARYLAND ST	ATE DEPARTMEN	NT OF HEALTH-BAL	TIMORE, 18
111 MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE OF	DEATH

11141

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY	Baltimore		MARYLAN	2. USUAL RESIDENCE o. STATE Maj	(Where deceased live ryland	d. If Institu		fore admission)
and give nearest town	outside corporate limits, write nore 12	RURAL C.	LENGTH OF STAY IN 1		(If outside corporate I	imlts, write	RURAL and give n	nearest town)
d. NAME OF HOSPITA	enue West			d. STREET ADDRESS Bellona A	ve, West	of 6h	narles	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin Mar	garet	Middle C •	Reynolds	4. DATE OF DEATH	Month	ober 29	Year 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH May 4, 188	lost to	(In years irthday) yrs.	IF UNDER TYEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of working Housekee		fone 10b. KIND Pri	of Business or indivate home	Harfor	te or foreign country) d Co, Md		12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME Tho	mas Gordon	n		14. MOTHER'S MAIDEN	ret Bradle	еy		
15. WAS DECEASED EVI	ER IN U. S. ARMED FOI Ilf yes, give war or dates of	RCES? 16. SOC		INFORMANT loretta Cari	naggio,28	Address 58 W.	North A	enue
	fiate couse	Ce de s	referal var	Vascular Ca	loc Hes dis 4	Ren	hoge ons	South State of the
PART II. OTH	IER SIGNIFICANT CON	DITIONS CONTR	IBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIV	EN IN PART 1(0) 1	9. MAS AUTOPSY PERFORMED? YES NO -
	SE WAS STRIBUTING   20	b. DESCRIBE HO	W INJURY OCCURRED.	(Enter nature of Injury in P	art I ar Part II of item	18.)		
Zoc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While		ACE OF INJURY (Hame, fo actory, street, affice bldg., e		n)	(County)	(State)
	trom: Notural		ains described at Accident [], S  Ounce  Ounce	LM.D. CHIEF MEDICAL	de   , Undeter	ion <del>•</del> ,	Inquiry   ause  .	DATE SIGNED
BURTAL (Specify)	N, 226. DATE THEREO			r CREMATORY ral Cemeter	y Baltin		er county) Maryland	(State)
23. FUNERAL DIRECTOR		1217 8	ADDRESS St. Paul Str	eet DATE	C'D BY REGISTRAR OV 2 '59		TRAR'S SIGNATUR	

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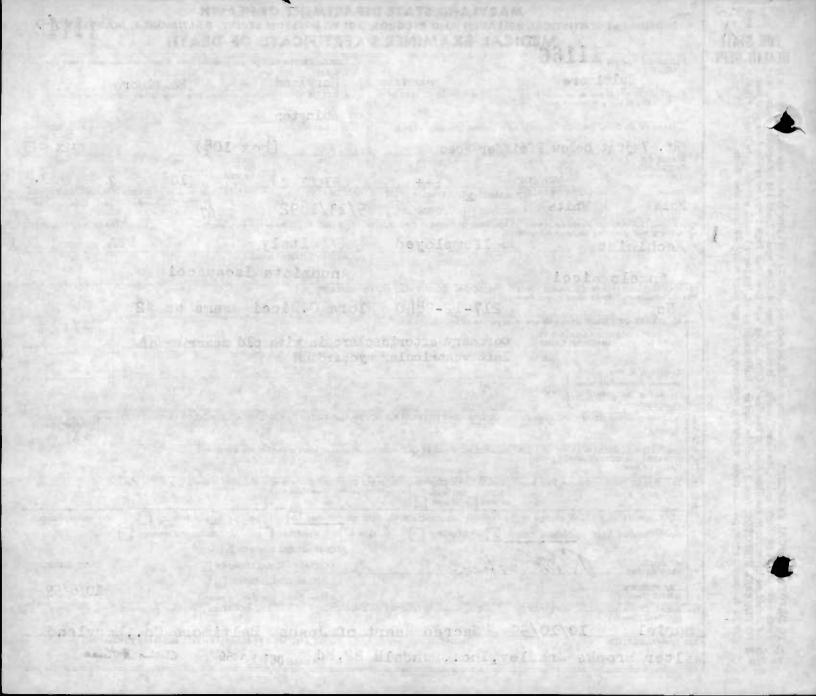
# FOR STATE HEALTH DEPT.

TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay checessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your disessor IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2 111 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	mission
Maryland Baltimore	H
c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town	)
Abington 12x-2	
ON A	FARM?
(Box 108)	NO 🗌
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DEATH 30 G 105	9.
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lest high days	Min.
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RY 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT CO	UNTRY
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Anungiote Tecenecci	
INFORMANT Address	
Flora C.Ricci same as #2	
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OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AL	ITORCV
YES [ ]	10
(Entar neture of injury in Part t or Pert II of Item 18.)	
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tory, street, office bldg., atc.)	
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eld an Autopsy A, Inspection , Inquiry , and in my op	inion
CHIEF MEDICAL EXAMINER	
ASSISTANT MEDICAL EXAMINER DATE SIGN	JED
DEPUTY MEDICAL EXAMINER	
10/8/5	9
OR CREMATORY 22d. LOCATION (City, town, or country) (Stete	
et of Jesus Baltimore Co. Maryland 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 22, Md DATE OCT 1 3 '59 Carthur Software	
	Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town Abington d. STREET ADDRESS  (Box 108)  Lest ADATE OF PEATH 10 7 19 8. DATE OF BIRTH 5/13/1892  RY 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME ANUNZIATA IACQUACCI INFORMANT Address Flora C.Ricci same as #2  SCLETOSIS with old scarring of Myocardium  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  (Enter neture of injury in Part 1 or Pert II of Item 18.)  ACE OF INJURY (Home, ferm, 2016. (City or town) clory, street, office bidg., atc.)  CHIEF MEDICAL EXAMINER K



	CERTIFIC			11143 Reg. Dist. No.
D. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  Towson	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carporote limits, write RU $3 m V$	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Armacost Nursin		d. STREET ADDRESS 5608 Gree	nhill Ave.	e. IS RESIDENCE ON A FARM? YES NO 🔯
3. NAME OF DECEASED First (Type or print) BESSIE MA	Middle AY RICH	Lost HARDSON	4. DATE Mont	
Female White WIDOWE		B. DATE OF BIRTH Dec. 29, 187	8 lost birthdoy) 80 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. I during most of warking life, even if retired)  At home  13. FATHER'S NAME	CIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State of Maryl.	and	12. CITIZEN OF WHAT COUNTRY  USA
Unknown		Elizabe	th Schwartz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		INFORMANT Irs. Thelma F	Pool	ess
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse last.  DUE TO  DUE TO  (c)	for (0) (b), and (c).)  Here  Clerical	ele mes Cut as	aletino les	interval Between onset and Death
PART II. OTHER SIGNIFICANT CONDITIONS CO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		IT NOT RELATED TO THE TERMIN		EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. IN While of wark	Not while f	PLACE OF INJURY (Home, farm, actory, street, affice bldg., etc.	20f. (City or tawn)	(County) (Stote)
21. I certify that I attended the decease alive an PC Co. 125 195				that I last saw the decease

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial

22b. DATE THEREOF 129/1959 22c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery 22d. LOCATION (City, town, or county) Woodlawn

(Stote) Maryland

**ADDRESS** 

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

TO FUNERAL Designation of page 3 should be of the registrar prior t VS A15 (4) 15M 9/55

TO HOSPITAL

funeral director,

2.

the attending physician and campletely filled Then please remayer carbon papers. Pages 1

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death. Page

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Ellsworth Armacost-4600 Liberty Heights Ave. DATE GCT 3 0'59

Civilian S. Frank

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CERTIFICATE OF DEATH

Rea. Dist. No.

TH/						
BALTI	MORE	MARYLAND	2. USUAL RESIDENCE (W		b. COUNTY BA	thuore.
ive nearest town)	oAle	13 years	c. CITY OR TOWN (IF X RURAL	()		ive nearest town)
OSPITAL (If not in hosp	ital, give street addre	Ave	1 d. STREET ADDRESS	lloAle	Aur.	IS RESIDENCE     ON A FARM?     YES    NO
SALVAT	ORE SAI	nuel) Middle	1220	4, DATE OF DEATH	OCT.	8 19 59
6. COLOR OR I		_	June 9, 19	18 49	A Salas A . A . A . A . A . A . A . A . A . A	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
working life, even if i	efired)	of Business OR INDU	BRIDGE TO	or foreign country	12. CIT	SA.
4NTO	Rizzo		Maria	SAYI	4	
		-09 1647 70	1 . · · · R .	550   313	Address Hillpale	Aur6
DEATH WAS CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IN THE	0 84: Ger USE (0) Ger (b) Add	neraliza		inom	atosis	Approx / y
					N = E = L	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
ITING CAUSE OF DI DTIFY MEDICAL EXAMINATION OF THE CONTROL OF THE	FATH NER) , Year 20d. INJUR' While	Y OCCURRED 20e. PL	ACE OF INJURY (Home, for	m, 20f. (City or to		ounty) (State)
y that I attended Oct 8	the deceased f		, 19.58, to 0 occurred at 9 1	M, from the	causes and on th	ast saw the deceased the date stated above DATE SIGNED
		2 . 1 "	411 41	1 2 11.	2 1	(Stote)
CTOR'S SIGNATURE	d1 -	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S SIG	
	DEPTION (Give kind of the working life, even if received to immediate of immediate	DEVER IN U. S. ARMED FORCES?  IDEATH [Enter only one couse per line for immediate to immediate of immediate o	WN (If outside corporate limits, write give nearest lown)	WIN (If outside corporate limits, write c. LENGTH OF STAY IN 1b give inecrest town)  A	WYN (If outside corporate limits, write place of the plac	WIN If outlide corporate limits, write c. LENGTH OF STAY IN 16 pring necessal love)  WIN If outlide corporate limits, write c. LENGTH OF STAY IN 16 pring necessal love)  3 7 - 4 5 5 0 Al 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs 21 fear death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DESCRIPTION OF After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. M

VS A15 (4) 15M 9/SS

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# FOR STATE HEALTH DEPT.

of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is no person execute the contact, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral. For Page 4 should be Newarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, ar removal, and in any event within 72-hours after death.

2 5 Q VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	1110								Keg, Dis	T. NO.	
1, PLACE OF DEATH	Battimore wousexboande	Count	-	- 11		Maryl		l lived. If instit b. COUN!	ution: Residen	co before	edmission) re County Outsucklies
b. CITY OR TOWN I	t outside corporate limits, write		c. LENGTH OF STAY IN					rate limits, write			
and give nearest town	Point 19,							19, Md.			
			pital, give street address)		d. STREET A						. IS RESIDENCE
Bethlehe	em Steel Hos	spital		9	parro	ws Po	int 19,	Md.		1	ON A FARM?
3. NAME OF DECEASED (Type or print)	Clarenc		Middle F .	Rober	tson		4. DATE OF DEATH	Octobe		Doy	Year 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	DIVORCED		7-19		9.	AGE (In years fast birthday) 64 yrs.	Months D	-	UNDER 24 HRS.
10a. USUAL OCCUPATION during most of working Fireman	ng life, even if retired)	11 (1)	ind of Business or in the hem Stee				or foreign cou			SA.	VHAT COUNTRY?
13. FATHER'S NAME				14	MOTHER'S						
Willi	Lam Robert	son		1348	Al	ice	Middle	eton			
15. WAS DECEASED EV (Yes, no. of unknown)	/ER IN U. S. ARMED FOI lif yes, give war or dates at	service)	-10-4762 W	17. INFO		son,	500 No	Address Boul		Balt	o. Md.
Conditions, if a gove rise to imme (o), stoting the couse tost.	underlying DUE TO	Co	oronary occl							ONSET A	L BETWEEN
PART II. OTI			NTRIBUTING TO DEATH						VEN IN PART		PERFORMED?
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20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Yea	While		PLACE of foctory,	F INJURY (I street, office	Home, form, bldg., etc.)	20f. (City o	r town)	(Coun	nty)	(State)
			emains described auses , Accide				y 🔲, Ins Hamicide [		, Inquiry ermined m	Land.	and in my
ACTUAL SIGNATURE	n(2)	av	is mi	7 · W	.D.		AL EXAMINER			D	ATE SIGNED
EXAMINER'S NAME (Type)	Dr. M.B. D	avis,	1.D.		DEPUTY	MEDICAL E	EXAMINER []	10-2	-59		
220. BURIAL CREMATIC REMOVAL (Specify Burial	ON. 226. DATE THEREO	of o	22c. NAME OF CEMETER BelAir Me					on (City. town.	- 112300	d	(State)
23. PUNERAL DIRECTOR	Drooks	Brad	ADDRESS		k 22	240. REC'D	D BY REGISTRA	R 24b. REG	ISTRAR'S SIGN	NATURE	

## MERICAL EXAMINER'S CERTIFICATE OF DEATH MERICAL EXAMINER'S CERTIFICATE OF DEATH

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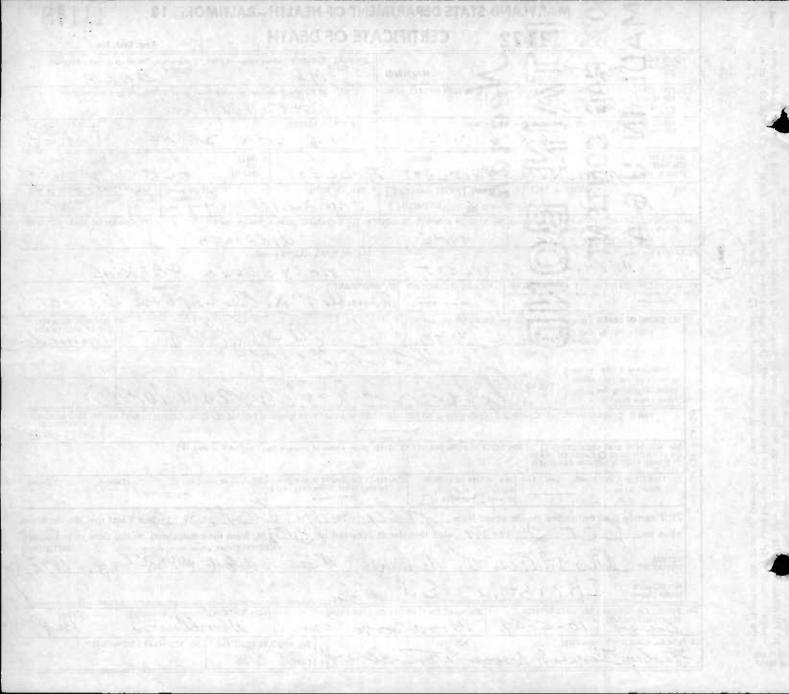


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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24b. REGISTRAR'S SIGNATURE

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24a. REC'D BY REGISTRAR

FUNERAL DIN page 0 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

Cook- Towson Inc. 1050 York Rd., Towson, Md. DATE

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page 10 VS A15 (4) 1SM 9/SB

23 TUNIERAL DIRECTOR'S SIGNATURE

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE ON A FARM? YES NO Z Yeor 13 1959 IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? USA

INTERVAL BETWEEN

(County) (Stote)

(Stote)

PERFORMED? YES NO

Ithat I last saw the deceased and that death accurred at M. fram the causes and an the date stated above. DATE SIGNED

> St. Margaret's Cemetery Montgomery, Alabama 24b. REGISTRAR'S SIGNATURE

24a. REC'D\_BY REGISTRAR Armacost-4600 Liberty Heights Ave.

arthur S. Krage

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11176

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

11152

1. PLACE OF DEATH o. COUNTY	altimore		MARY		a. STATE	Md.	ere deceased	lived. If institut b. COUNTY		ce before oc	dmission)
b. CITY OR TOWN ( RURAL and give n  Tows o		ts, write	2 week				e 12.	ate limits, write	RURAL ond g	give nearest	town)
OR INSTITUTION	TAL (If not in hospital, g			1	d. STREET A		dale	Rd.		C	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	First Oswald	st	Middle		Last		4. DATE OF DEATH	Ма	nth 0-6	Day	Year 1959
55 SEX male	6. COLOR OR RACE		DEVER MARRI	ED B. D	8-23-		9	AGE (In years last birthday)	IF UNDER Manths		INDER 24 HRS
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work of king life, even if retired) Int. Rev	dane 10b. KI		ern.	11. BIRTHPL	nn •				ZEN OF WH	A .
	y M. Sate	rlie	*				arie!	Tew			
Yes, no, or unknown	R IN U. S. ARMED FOR (If yes, give wor or dates of se		CIAL SECURITY NO	100	RMANT M. Ku	rtz.	1710	Kurtz .	dress Ave		d. ervil
Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (		once	No	mr	) of	Ja	ull	ess	18	Mm
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THETERMIN	VAL DISEASE	CONDITION G	VEN IN PAR	PI	AS AUTOPSY ERFORMED?
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRED. (E	nter nature al	finjury in P	art I ar Part	II of item 1B.)	37		
Y 20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Yea	While	Nat while at wark	20e. PLACE factory	OF INJURY (I	dame, farm, bldg., etc.)	20f. (City	or town)	(0	Caunty)	(State
21. I certify alive an	Littended the	deceased 5, 19 J	- 6	death ac	curred at			HO191 he causes a set, city ar tawn	nd an the		de decease ated above DATE SUSINE
PHYSICIAN'S NAME (Type)	Chan	es	F-01	Don	vye	1/1	10				//.
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	10-9-59		22c. NAME OF CEM Balto. N	etery or cr			22d. LOCATI	ON (City, town,	or county) Md.		(State)
23. FUNERAL DIRECTOR	rs signature Funeral Se	nvice	ADDRESS				BY REGISTR		ISTRAR'S SIG		
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	21177	CERTIFICATE	DEATH	Reg. Dist. No.	
)	1. PLACE OF DEATH BIA / LO	MARYLAND O. STAT	RESIDENCE (Where deceased lived IE	l. If institution: Residence befor b. COUNTY	e admission)
	b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest fown)	LENGTH OF STAY IN 16 C. CITY	PRIOWN (If outside corporate lie	mits, write RURAL and give nea	rest town)
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 944 RAUC 11 FT	ress) RD d. STR	EET ADDRESS HOCKET	f RD	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)  A First First IC 1 A	C. SCAIIV	Lost 4. DATE OF DEATH	Oct y Day	19 59
K	WIDOWED [		cuir, 1924 3	5 yrs. Months Days	Hours Min.
L	10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of yorking life, even if retired)	ID OF BUSINESS OR INDUSTRY 11. BII	RTHPLACE (State for foreign country)  MARVINAD	12. CITIZEN O	F WHAT COUNTRY?
	13. FATHER'S POME 1 SARR	14. MOT	HER'S MAIDEN NAME	NAlly	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or usknown) (If yes, give war or dates at service)	CIAL SECURITY NO. 17. INFORMANT EDWAR	D A. SCAlly	964 RAD	1.17RD
	18. CAUSE OF DEATH [Enter only one couse per line f PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o). (b). and (c).]	natosis		RVAL BETWEEN ET AND DEATH
	/70 X DUE TO Conditions, if ony, which ) (b)	Carcinoma	lest bre	ort.	
i	gove rise to immediate code (a), stating the under-lying cause last.				
7	PART 11. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	P. WAS AUTOPSY PERFORMED? YES NO
		BE HOW INJURY OCCURRED. (Enter not	ure of injury in Port I or Port 11 of	item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work	_ 1401 WILLIE	URY (Home, farm, office bldg., etc.)	wn) (County)	(Stote)
	21. I certify that I attended the deceased alive on REF-512 1959		58, to OCT: 710 d at 11-45 A.M., from the	, 19 <u>54</u> , that I last sa	w the deceased
	ACTUAL SIGNATURE MX Q	11. mm / MD	ADDRESS (Street, c		DATE SIGNED
	PHYSICIAN'S M. K. QUI	NN	/	,	top
	220. BUDIAL, CREMATION, 22b. DATE THEREOF 2 PENOVALISMENT 16 - 12 - 5 9	2c. NAME OF CEMETERY OR CREMATO	EM 22d. LOGATION (	City, fown, or obyhly)	(State)
	23 FUNERAL DIRECTOR'S SIGNATURE L. F. EVANS & SON 88	302 HARTORD KI	240. REC'D BY REGISTRAR DATE OCT 1 3 '59	24b. REGISTRAR'S SIGNATUR	

may be retain. By the haspital or attending physician.

TO FUNERAL DY TOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs alth TO HOSPITAL OR

r death. Page 4

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VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11154

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1.	PLACE OF DEATH	Baltimore		MARYLAND	2. USUAL RESIDENCE	100	ased lived. If Instit b. COUN	TY _		
-	L CITY OF TOWN IN	outside corporate limits, write	- PUIDAS			ryland			imore	
1	and give nearest town		e RUKAL	c. LENGTH OF STAY IN 16	X		rporote limits, write	NUKAL and g	ive neorest	town)
-	d. NAME OF HOSPITA	Chase	If not in hos	pital, give street address)	/d. STREET ADDRE	ase			e. IS	RESIDENCE
	Rt.	16 Box 2/19			Rt		x 2/19 Eb	enezer	0	N A FARM?
3.	NAME OF DECEASED	Fin	st	Middle	Last	4. DATE	Mon		Day	Year
	(Type or print)	Wil	lliam	P. S	chaadt	OF DEATH	Oc.	t	٦.	1959
5.	SEX			D NEVER MARRIED		1	9. AGE (In years	IF UNDER 11	EAR IF U	NDER 24 HRS.
	Male	White	WIDOWED			1000	lost birthday)	Months De	bys Hour	
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10	during most of working	g life, even if retired)	done Tob. K		III. BIKITILACE (	note or toreign	country)	12. CHIZE	N OF WHA	AT COUNTRY
	Farmer			Farming	Bal	to. Md.			USA	
13	FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
		Phillip So	chaadt			Chri	stina Vo	olz		
15		ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Addres			Tarea
614	No	fit yas, give war or doies or	service)	None M	rs. Mary Un	kart R	t. 16 Box	x 2/19 E	benez	er Rd.
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CERTIF	20a. EXTERNAL CAL PRIMARY ☐ or CON CAUSE OF DEATH.		b. DESCRIBE	HOW INJURY OCCURRED.	Enter noture of injury in	Part I or Port I	II of item 18.)			
CAL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home,	form,   20f. (Ci	ty or town)	(Count	(y)	(State)
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	death resulted	from: Natural	causes [A	J, Accident [], Su	icide 🔲, Homic	ide 🔲, L	Indetermined	cause .		
	1	/ ///	1/1	1						
	ACTUAL	Rull	to	llun	M.D. CHIEF MEDICA	L EXAMINER			DAT	E SIGNED
	/_	- 1	2	THE SHAPE	ASSISTANT ME	DICAL EXAMIN	IER 🔲		,	, ~~
	EXAMINER'S NAME (Type)	JACILE	Lo	llins	DEPUTY MEDIC	CAL EXAMINER	CP .	1	10-1	-59
22	BURIAL, CREMATIO	N, 22b. DATE THEREO	)F	22c. NAME OF CEMETERY OF			ATION (City, town,	or county)	(5)	late)
	REMOVAL (Specify) Burial		959	Zion Evan.	Lutheran		len Ring H		to. C	o. Md.
23	FUNERAL DIRECTOR	1000		ADDRESS		REC'D SY REGIS		ISTRAR'S SIGN		o made
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					Reg. Dist. 140.
	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived. If inst	
RURAL ond give	rearest Jown) . / /	c. LENGTH OF STAY IN 16	01.		ite RURAL and give nearest town)
	11 1	10 1	d. STREET ADDRESS 3122 Gle	ndale Aven	e. IS RESIDENCE ON A FARM? YES \( \) NOX
DECEASED	Mr. Efirst	Albert	Schinnel	OF O	Month Day Year tober 30th 19 5
1.	1 . ,		B. DATE OF BIRTH  June 14m 1	895 9. AGE (In ye lost birthdo	
Joreman	rking-life, even if retired)	trel Company	Cincinni	tti, Ohio	12. CITIZEN OF WHAT COUNTR
Corneli			Margare	t ?	
WAS DECEASED EV , ng or unknown) Yes	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	. O M	A		22 Glendale Ave
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420.1 Conditions, if	TO THE TO	ent Corone	ery Oc	chesior	2 11
couse (o), stoting	the under- DUE TO	Recent atte	roker (10 w/s	sags C	10 WP
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING TO 20b. DE G TO CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port I or Port II of item 18.	-)
20c. TIME OF INJU Hour o.m. p. m.	ya Whil	le Not white for			(County) (Stot
21. I certify t	hat I attended the deced	Or IV	6 . 19 59, to C	M, from the couses	that I lost sow the deceases and on the dote stoted obov
ACTUAL SIGNATURE	Stank 1.	Kasik , &	M.D. 9005 Hars	ADDRESS (Street, city or to	own, stote) DATE SIGNE \$14 10/30/5
PHYSICIAN'S NAME (Type)	Frank T. Kas	sik /	Baltimore	, Maryland	1
				22d. LOCATION (City, to	ve, Maryland (Stote)
FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 24b. R	REGISTRAR'S SIGNATURE
	RURAL ond give  d. NAME OF HOSP OR INSTITUTION  NAME OF DECEASED  EX  MALE  . USUAL OCCUPATI dueing most of wo JONEMAN  FATHER'S NAME  CORNEL  WAS DECEASED EV.  . no. or unknown)  L. O. I  Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. OT  20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJU HOUR O. m. p. m.  21. I certify to alive on  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  BURIAL, CREMATIR  BURIAL  BURI	D. COUNTY  Baltimore  D. CITY OR TOWN (If outside corporate limits, write RURAL and give pagest fown).  Parkville  d. NAME OF HOSPITAL (If not in hospital, give street of RINSTITUTION)  MAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE  WIDDOW  JONE OF WORKING-life, even if retired)  JONE OF WORKING-life, even if retir	D. COUNTY  Baltimore  MARYLAND  D. CITY OR TOWN (If outside corporote limits, write RURAL and give pagarest pown).  D. CITY OR TOWN (If outside corporote limits, write RURAL and give pagarest pown).  D. CITY OR TOWN (If outside corporote limits, write RURAL and give pagarest pown).  D. C. LENGTH OF STAY IN 1b  A diddle  D. C. LENGTH OF STAY IN 1b  D. C. LENGTH OF STAY IN 1b  A diddle  Corporation of work and the stay of th	D. CITY OR TOWN (If outside corporate limits, write RURAL ond give properly fewn).  D. CITY OR TOWN (If outside corporate limits, write RURAL ond give properly fewn).  D. CITY OR TOWN (If outside corporate limits, write RURAL ond give properly fewn).  D. CITY OR TOWN (If outside corporate limits, write RURAL ond give properly fewn).  D. CITY OR TOWN (If outside corporate limits, write RURAL ond give properly fewn).  D. CITY OR TOWN (If outside corporate limits, write RURAL ond give properly fewn).  D. CITY OR TOWN (If outside fewn).  D. STREE ADDRESS.  3122 Gle  NAME OF EAST ON TOWN (If outside fewn).  D. DIVORCED D.  L. B. DATE OF BIRTH  D. DATE OF BIR	D. CILY OR TOWN If would corporate limits, write RURAL and give growed provided corporate limits, write RURAL and give growed provided corporate limits, write RURAL and give groved provided provided corporate limits, write RURAL and give groved provided provided corporate limits, write RURAL and give groved provided

the attending physician and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Then please remave in any event within 72 haurs permit. may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 shauld be detached far use as the burial-transit permithe registrar prior ta burial, crematian, ar remaval, and in an

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

. IS RESIDENCE

ON A FARM? YES NO P

Year

19

INTERVAL BETWEEN ONSET AND DEATH

6 days

PERFORMED? YES NOT

(Stote)

DATE SIGNED

(State)

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Page certificate that

MAJOYLAND STATE DEPARTMENT OF HEALTH-EALTIMORE, 18
CERTIFICATE OF DEATH
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72 hours after death. After this director, the third copy of this

24 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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11181

## CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (HOME) OF DECEASE	D
COUNTY Baltimo	re	MARYLAND	STATE M	d COUNTY 13 a.	7to. City
CITY (If outside corporate li	mits, write RURAL	LENGTH OF STAY	CITY (if outside corpor	rate limits, write RURAL and give no	arest town)
OR and give neerest town	gon	(in this piece)	OR		
HOSPITAL OR	3011	27mo.	STREET	1327 timore (If rural give location)	3 VOI-4
INSTITUTION OR			ADDRESS A	(if rural give location)	1 1
STREET ADDRESS Mt.	Wilson State	Hospital	1 320	1 Woodland	1 AVE #15
3. NAME OF DECEASED	(First)	(Middle)	(Loci)	A DATE (Month)	(Dey) (Yoer)
(Type or Print) A7	bert GOD	FRED _	chuele, s	OF DEATH /O	10 19 50
5. SEX 6. COLOR C		RIED, 8. DATI	OF BIRTH	9. AGE lest birthdey   IF UNDE	
M RACE V	WIDOWED, DI (Specify)	arried	8/10/98	6/ yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give done during most of working	kind of work 10b. Kl	IND OF BUSINESS	11. BIRTHPLACE (State or foreign	gn country) 1	12. CITIZEN OF WHAT
retired) En Oinc	er Flu	etrice?	Md		COUNTRY?
13. FATHER'S NAME	21.	27 27	1 14. MOTHER'S MAIDEN N	NAME	4 7
	- 6 - 1	. 7~		4	
	Schue		1 -1314	Anbuhle  Anbuhle  Anbuhle	21
15. WAS DECEASED EVER IN U. (Yes, no, or unk.) (If Yes, give		6. SOCIAL SECURITY NO.			
(1 as, no, or unk.) (4 les, give	wai of dates of service)	UnKnown	Mt. Wils	on State Hospita	al
		18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS D	RECTLY LEADING TO DEATH	A Y	1 2 7	7, 7	ONSET AND DEATH
IMMEDIATE CAUS	E (A) Far	Advance	ed Fulmona	ry Tuberculos	SIC / 410
ANTECEDENT CAUS	DHE TO			J	
DISEASES OR CONDITIONS, IF	ANY, (B)				
GIVING RISE TO THE ABOVE OF	LAST, DUE TO				
	(C)				
11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA					
DISEASE OR CONDITION CAUS					
19e. DATE OF OPERATION	19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
					YES NO
210. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH   OF INJURY street,	ne, farm, factory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	(Cou	unty) (State)
21d. TIME OF INJURY (Month)		. INJURY OCCURRED	21f. HOW DID INJURY OCCUP	17	
		work   Not while			
			R-7	4/10 40	
22. I hereby certify	at I attended the dece	eased from	, 19	0/10, 1959, that I	last saw the decease
alive on	9 9 9 and	d that death occurred	at A OAM, from the c	auses and on the date state	ed above.
SIGNATURE			ADDF	RESS (Street, city, town, stete)	DATE SIGNE
	Wm. Ne	wcomer M.D. S	uperintendent.	Mt. Wilson, Md.	10/10/1
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF CEMETERY	OR CREMATORY	Mt. Wilson, Md.	(State)
Burial (SPECIFY)	10/13/59		tional Cemetery		
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S		ADDRESS
			1 - 1	chall ton	The same of the sa
DATE 007 1 3 '59	Critis S. Kraus		work of . I w	John Bu	177-17,1K

SARA LAND STATE DEPARTMENT OF SEALTH-SALTRORE IS . CERTIFICATE OF DEATH Assignation of the moule of the Landaton as a the most by the complete as to a the control of NORTH AND DESIGNATION OF THE PART OF THE PROPERTY OF THE PERSON OF THE PARTY OF THE A) DELYGORAGE OF THE SAME AND ADDRESS OF THE PARTY OF THE THE RESERVE THE PROPERTY OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11158 11182CERTIFICATE OF DEATH Reg. Dist. No 1. NAME OF DECEASED TE E ANDREW SCHULTZ October 15. 1959 (Type or Print) OF and DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland >0 Maryland clearly DAY (If not in hospital or institution, give street address or POINT HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 724 Walker Avenue Baltimore death EE (3) o. STREET ADDRESS (If rural, give location) Yrs. 75 Years Mos. 721 Walker Avenue c. Length of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 8 DATE OF BIRTH 9. AGE (In years) M Under 1 Year causes HIN TF WIDOWED, DIVORCED (Specify)
Widowed iast birthday) Months Days Hours Min. Male White USE April 23, 1883 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even [fretired]
Retired Steam Fitter U.S.A. LON the Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME write RDS Dora 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 0 ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) RECORD. please, REC SECURITY NO. Mrs Marie Eaton 724 Walker Avenue INTERVAL BETWEEN Physicians: F CAUSE OF DEATH ONSET AND DEATH antino 5 devotre Combis vas ulas famo DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A PERMANEN LACK OR BLU (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. ANTECEDENT CAUSES supplied. DISEASES OR CONDITIONS, IF ANY, GIVING 0 RISE TO THE ABOVE CAUSE (A) STATING THE PERMANENT UNDERLYING CONDITION LAST CA carefully si E. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RTI TO THE DEATH BUT NOT RELATED TO THE OISEASEFOR CONDITION CAUSING IT. 14 U IF OPERATION WAS RELATED TO WETH 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 3 20. AUTOPSY? She CAUSE OF OEATH, ENTER IN WAS PERFORMEN DADY ! OF DADY !! NO 21E. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR information OF INJURY WHILE AT WORK TYPE, 22. I certify that (I) (this hospital) attended the deceased from , that (I) (we) last saw the deceased alive on m., from the causes and on the date stated above PLEASE and that death occurred at. of 23A. SIGNATURE 23B DDRESS 23c. DATE SIGNED item 10 ATTENOING PHYS. MEO. OIRECTOR [ STAFF PHYS. 1 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) Every Oct. 19, 1959 Holy Rosary Burial Baltimore. Maryland REGISTRAR'S SIGNATURE DATE RECEIVED BOYS 25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 1901 Eastern Ave.

AT THE REAL PROPERTY.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OR INSTITUTION  SO46 Rock Oak Rd.    Middle   Semerad   A. Date   Death   Cot	4.104	Reg. Dist. No.
RURAL CODE OF BACK DOWN SOLD FOR THE UNDER THE STANDE OF BUSINESS OR INDUSTRY 10. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT during most of working life, even if refined to the standard of the standard	- COUNTY /) /	O STATE ALL
d. NAME OF HOSPITAL (Rikot in hospital)  SELECTION SOLID ROCK OAK Rd.  SOLID ROCK OAK	RURAL ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
DECASED PINN   Service   Tried   Tried	d. NAME OF HOSPITAL (Iffact in haspital, give street address) OR INSTITUTION	ON A FARM?
## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COURSE. NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COURSE. NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COURSE. NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COURSE. NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COURSE. NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o	DECEACED	Camarad OF (lat X 50
Address  S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  III. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  Conditions, if ony, which gave rise to immediate couse (o), stoling the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTO PERFORMED TO J. THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. W	/ / / / / / / / / / / / / / / / / / /	lost birthdoy) Months Days Hours Min.
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  Jeremiah G. Semerad  Address  Jeremiah G. Semerad  INTERVAL BETWEE ONSET AND DEAN ONSET AND D	during most of working life, even if retired)	MILLINGA
IB. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   DUE TO   Conditions, if ony, which gave rise to immediate couse (a), stoling the under-lying cause lost.   (c)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   19. WAS AUTO PERFORMED YES   NO   NO. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. Venter nature of injury in Port I or Port II of item IB.)   20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED While Not while of work   19	FATHER'S NAME Schmidt	61
B. CAUSE OF DEATH   Enter only one couse per line far (a), (b), and (c).]   PART I, DEATH WAS CAUSE (b)   33 / X   DUE TO   Conditions, if ony, which gave rise to immediate couse (b), sloting the yunder lying couse lost. (c)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART		0 . 1 ( )
20a. ACCIDENT WAS UNDERLYING DATE THEREO  20a. ACCIDENT WAS UNDERLYING DATE THEREO  20b. DESCRIBE HOW INJURY OCCURRED. Enter noture of injury in Port I ar Part II of item 18.)  20c. TIME OF INJURY Manth, Doy, Year While Doy, Temporal Date of the Not while Date of	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stoting the under-	
20a. ACCIDENT WAS UNDERLYING DATE THEREO  20a. ACCIDENT WAS UNDERLYING DATE THEREO  20b. DESCRIBE HOW INJURY OCCURRED. Enter noture of injury in Port I ar Part II of item 18.)  20c. TIME OF INJURY Manth, Doy, Year While Doy, Temporal Date of the Not while Date of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED
21. I certify that I attended the deceased from	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE	ED. Enter noture of injury in Port I ar Part II of item 1B.)
alive on Sept. 1959, and that death accurred at M, from the causes and an the date stated about the signature M.D. Street, city or town, stote)  PHYSICIAN'S NAME (Type)  20. BURIAL, CREMATION, 22b. DATE THEREO  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, tawn, or county)  (Stote)	Hour o. m. While Not while fo	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
O REMOVAL (Specify)	alive on Sept 70, 1959, and that death signature  PHYSICIAN'S	
	O REMOVAL (Specify)	A 1

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ltems	ID STATE DEPAR	FilmG251	11-5-59 et	

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		1118	85	CERTI	FICA	ATE OF DEATH			Reg. Dist	-	11	G.A.
	PLACE OF DEATH o. COUNTY	Balti	more	MARY	LAND	2. USUAL RESIDENCE Who o. STATE A W 101	re decease	d lived. If institution b. COUNTY	Balt	before	odmissi	on)
	RURAL and give n	(If outside corporate linearest town) Onsville	mits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (III of	Hide corpo	orate limits, write RU			est town	V. 2
		TAL (If not in hospital				d. STREET ADDRESS	1 data	17 / Daylare	t giv	-	- manufacture	FARM?
-	NAME OF	Home		ged		1-	ABNE/	7//4449			462 []	NO [
	NAME OF DECEASED (Type or print)	Karolina				Lost	4. DATE OF DEATH	Oct. 2	m 9	Day		1959
5.	SEX	6. COLOR OR RAC	E 7. MARI	RIED NEVER MARRIE	D 🔲	8. DATE OF BIRTH	300	9. AGE (In years lost birthday)	IF UNDER 1			
	Female	WHITE	WIDOW	ED DIVORCED		Nov.4.1871	99	89 yrs.	Months	Doys	Hours	Min.
10a	usual occupation during most of wor	ON (Give kind of working life, even if retir		KIND OF BUSINESS OF Retired	RINDUS	Poland	r foreign c	ountry)		zen or akno		COUNTRY
13.	FATHER'S NAME		TIm1			14. MOTHER'S MAIDEN NA	AME	4			-	
			Unl			Ur	ık.					
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or dates of	ORCES? 16.	SOCIAL SECURITY NO.	17. 11	NFORMANT		Addr	ess			
	100000000000000000000000000000000000000	ATH [Enler only one ATH WAS CAUSED BY IMMEDIATE CAUSE	. 1	ne for (a), (b), and (c).	ar	y Embre	can			ONSI	RVAL BET	TWEEN DEATH
	433,/ Conditions, if		(b) 2	ntrami	1-2-0-	1 thront	- mar	,		260	nles	perm
	gove rise to couse (a), slating lying couse lost.	the under-	(c) C	browe	B	Firmelan	Ty	Grilla	fin			
CERTIFICATION	PART II. OT	HER SIGNIFICANT CO	NOITIONS	CONTRIBUTING TO DEA	CAR	NOT RELATED TO THE TERMIN	Les Con	E CONDITION GIV	EN IN PART	1(0) 19	PERFO	RMED?
	OR CONTRIBUTING	AS UNDERLYING OF CAUSE OF DEAT MEDICAL EXAMINER	н	CRIBE HOW INJURY OF	CCURRE	D. (Enter noture of injury in Po	ort I ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Day,	While	Not while	20e. PLA foo	ACE OF INJURY (Home, form, street, office bldg., etc.)	20f. (City	y ar town)	(Co	ounty)		(State)
Ē	17	hat I attended th	e deceas	6-23	ne		Get	1959				
	ACTUAL		7	- T		Mar F		m the causes a treet, city or town,		e dat		ate signe
	PHYSICIAN'S NAME (Type)	Victor	F Kij	ng		M.D. 1102 E	10	Jegen (			19/	3000

TO FUNERA 200. BURIAL, CREMATION, REMOVAL (Specify) Burial

226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Holy Rosary

1930

22d. LOCATION (City, town, or county) Baltimore

(Stote)

Burial Oct.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Ozazewski

240. REC'D BY REGISTRAR

Eastern Ave DATENOV 2

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

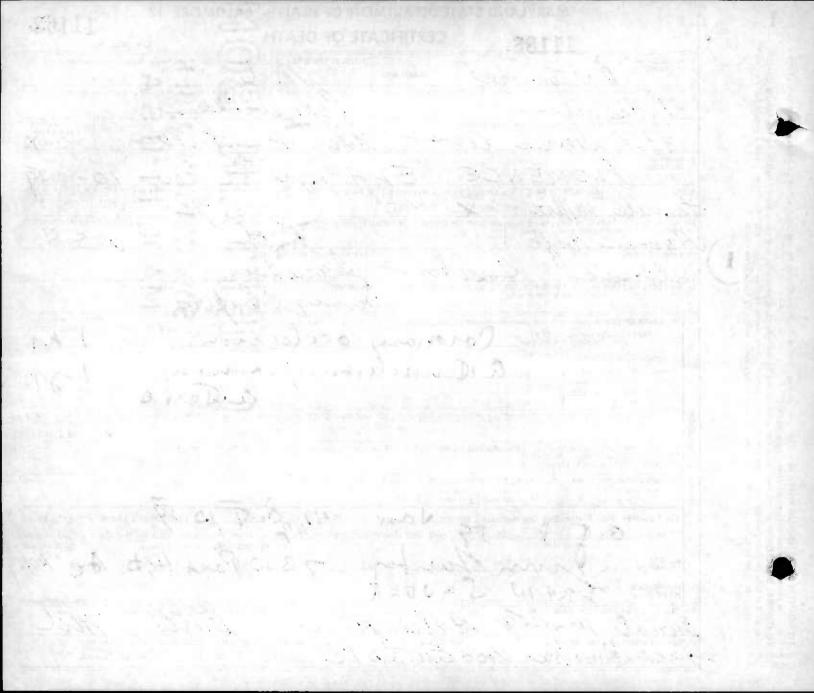
Reg. Dist. No

/		Nog. Dian ito.
	1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If autside corporate limits, write RUBAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
<	d. NAME OF HOSPITAL (If por in haspital, give street address) OR INSTITUTION JOGO SHALL	JJOO Smith ave e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) FLORENCE SA	ARRO DEATH Day Yeor DEATH 10-10-19-19
0	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF 8IRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Yrs.
2	10a. USUAL OCCUPATION (Give kind of work done during most af working life, even if refried)	STRY 11. 8IRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
)	13. FATHERS NAME Areuber	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	rving Skakuro
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	occlusion INTERVAL BETWEEN ONSE, AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	nois of country 1 gr.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20s. ACCIDENT WAS UNDERLYING   20s. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature af injury in Part I or Part II af item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (Stote) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from laive an alive an 19 9, and that death	accurred at 4 P. M., fram the causes and an the date stated above.
	ACTUAL SIGNATURE DANS MULTIPE	ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 7300 Park (4x, 5)
1	PHYSICIAN'S TRVIN SAUBER	
	January 10-11-59 aring	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
1	23 JUNERAL DIRECTOR'S SIGNATURE 2100 EULTON	DATE OCT 1 3 '59  240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE  CINTUM & House

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the law in the may be retain by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

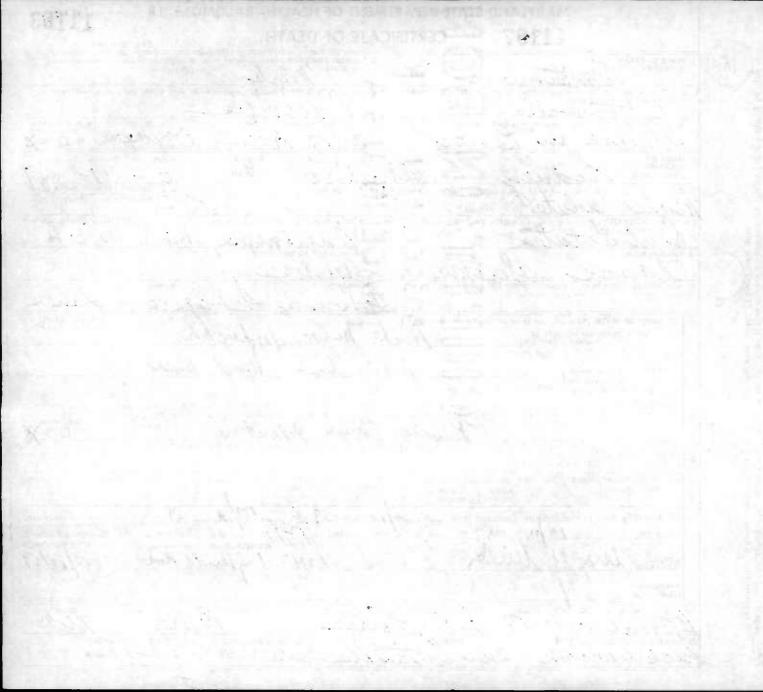
VS A15 (4) 15M 9/58



**CERTIFICATE OF DEATH** 

11163 Reg. Dist. No.

Page direct	图)		DE COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) b. COUNTY b. COUNTY
eath.			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
P for		-	Coctousvelle XIKESVILLE
by the	090	L	d. NAME OF HOSPITAL (If not in hospital, give steph address) ORINSTITUTION  4. STREET ADDRESS  A. STREET ADDRESS  ON A FARM YES \( \sigma \) VELVE  VES \( \sigma \) NO
24 ha led in s 1 an			NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print)
hin Y fill		S. 5	Throng, shipping
pletel		70	ale White WIDOWED DIVORCED   Divorced   Min
d com		10a	1. USTAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BETHIPLACE (State or fareign country)  A Control of the country of the cou
on an corbor	1	13.	FATHER'S NAME
sicion ve		1	Isaac spajuro unue,
certifi ng phy remo 72,hg	9	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give wor or dates of service)  (If yes, give wor or dates of service)
eoth ease thin			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (g).]
att d			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HELL & Muyor. Infarction ONSET AND DEATH
the the The			420.0 DUE TO
s the			Conditions, if ony, which (b) A veriosalles for 4 Port Distort
signed in conding of the conding of			gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>   DUE TO
sicio Seen rans		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPHER FORMED?
phy phy nas b ial-1	0	CAT	Previous Myse. Infaction YES NO
AN: Ti ending icate h ite bur ar rem		CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
otto ott as as ian,		CAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sto
PHY al or his o		MEDI	Hour o. m.  While Not while foctory, street, office bldg., etc.)  p. m.  19 ot work ot work
Spite spite			21. I certify that I attended the deceased from 2/10, 1959 to 10/11, 157, that I last saw the decease
NDI B ha			alive an
TOR TOR deta			ADDRESS (Street, city or town, stote)  DATE SIGN
be rior			SIGNATURE WAS 10/12/1
retain RAL DI should stror p			PHYSICIAN'S NAME (Type)
Ay be ay be FUNEI		220	PURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d. LOCATION TORY, lower or county)  REMOVAL (Specify 10 - 13 - 19 Author Trible 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
5 5 g =		23/	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS
VS A1S (4) 1SM 9/SB	Y	12	ack Lewis the 2100 Cutaw Place PLATE OCT 1 4'59 Orthur S. Kinna
. 5/11 // 50	1311		



				1000	1		
HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4		LUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by 'me funeral directar,	age 3 shauld be detached far use as the burial-transit permit. Then please remaye artban papers. Pages 1 and 2 shauld be filed-with	-		1	
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redu	ion.	en sig	nsit p	puo			
e law	may be retain by the haspital ar attending physician.	as bee	al-tra	the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs after death.			(
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VS A1S (4) 1SM 9/SB

	11100	CERTIT	CAIL OI L	/6/7111	1	Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY  Ba	ltimore	MARYLAN	O STATE	DENCE (Where deced Maryland	sed lived. If institution b. COUNTY		
b. CITY OR TOWN (If ou RURAL and give neare Catonsv	st town)	c. LENGTH OF STAY IN 1	c. CITY OR 5 2	TOWN (If outside con Catonsv		URAL and give ne	arest town)
d. NAME OF HOSPITAL OR INSTITUTION	por the property of the control of the	ireet oddress) iden Choice Lar	d. STREET A	Tairfield	Drive		IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED (Type or print)	ANNA First	Middle GANNON	SHA UGHNES	OF		Oct. 25,	oy Year 19.59
S. SEX 6.	COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRT	н	9. AGE (In years lost birthdoy)		R IF UNDER 24 HE
Female	White  wi	DOWED DIVORCED	Feb. 16	, 1887	72 yrs.	Months Doys	Hours Min
10o. USUAL OCCUPATION during most of working House Wif	life, even if retired)	10b. KIND OF BUSINESS OR IN Own Home		ACE (State or foreign lbany, N.			S. A.
13. FATHER'S NAME	The same		14. MOTHER'S	MAIDEN NAME			
Willia	m Gannon		Charles and the	Della Smit	h		
	U. S. ARMED FORCES? es, give war or dates of service		INFORMANT		Jr. 102 F		d. Drive,
Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	ediote DUE TO  (c)  SIGNIFICANT CONDITION  INDERLYING 1 20b  CAUSE OF DEATH	ONS CONTRIBUTING TO DEATH				d. ,	19. WAS AUTOPS PERFORMED? YES NO [
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20e While Not while 1 work 0 of work	PLACE OF INJURY ( factory, street, office)		City or town)	(County)	) (510
actual signature Physician's	10/27/1959	19 59, and that de	RY OR CREMATORY nes Cemete	ADDRESS  Trederic  22d. LOC  24o. REC'D BY REG	(Street, city or town,  Ck Rd. #28  CATION (City, town,  Lbany, N.  SISTRAR 24b. REGI	or county)  Y  STRAR'S SIGNATURE	e stated abov DATE SIGN O 26 59 (Stote)
. 40 /0-		000010 11110	~ ~~~	DATE NOV 4	'59 C	other & the	aud

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The law requires that the death certificate be

TO FUNERAL DIRECTOR; page 3 shauld be detac VS A15 (4) 15M 9/58

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F156 10.51	1118	9	CERTIFIC	ATE OF DEATH	1		Reg. D	ist. No		
1. PLACE OF DEATH O. COUNTY Bal	timore		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary		d lived. If institution b. COUNTY	on: Reside	nce befo	ore admissi	ion)
b. CITY OR TOWN (If RURAL ond give ne Luther		write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o						)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, giv 120 W.		gley Ave.	d. STREET ADDRESS	V. R1	dgley A	ve.		e. IS RESI ON A YES	FARM
3. NAME OF DECEASED (Type or print)	Thomas Ev	ans	Sheeler, S	Lost	4. DATE OF DEATH	10-	th 25-5	59	'	Year
5. SEX		MARRI	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1-12-1893		9. AGE (In years last birthdoy) 66 yrs.	Months .	Doys	Hours Hours	R 24 F
janitor	DN (Give kind of work do ing life, even if retired)	ne 10b. K	tind of Business or Indi Works Lto.City Wa	ustry 11. BIRTHPLACE (Slole ter Mai	or foreign c rylan		12.CI		S.A.	
13. FATHER'S NAME Samuel	E. Sheel	er		Fanny A		eeler				
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FORCE If yes, give wor or dates of serv	ice)		amuel E. She	eeler	Abo		1	5	
420.0				tic Hea		_	se	- SZZ	ERVAL BET	
Conditions, if or gove rise to in couse (o), stating t	mmediate but TO co_									
PART II. OTH  PART II. OTH  20g. ACCIDENT WA OR CONTRIBUTING U (IF EITHER, NOTIFY)	ER SIGNIFICANT CONDI	TIONS <u>Co</u>	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	PERFO	RMED
	S UNDERLYING   20 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in f	ort I or Por	t II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Year 19	20d. IN While of work	_ Not while fe	LACE OF INJURY (Home, form poctory, street, office bldg., etc.		or town)		(County)		(Ste
21. I certify the alive an	at 1 attended the co	lecease 195	od fram. 1/9 9, and that deat ASCVF			the causes and treet, city or town	d an th		e stated	
PHYSICIAN'S NAME (Type)										

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial 10-28-59 Jessop Methodist
23. FUNERAL DIRECTOR'S SIGNATURE
Brooks Funeral Service, Towson 4, Md.

Sparks,

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

DATE OCT 2 9 '59

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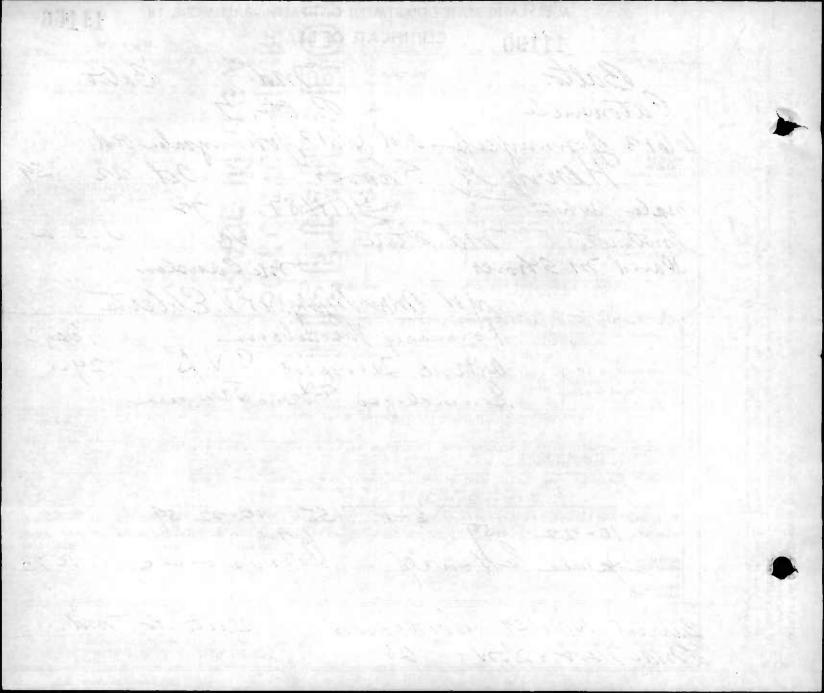
MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH

11166

		<b>G</b> 21(11116)	0. 00,		Reg. Dist. No.
	ACE OF DEATH COUNTY	MARVIAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institut b. COUNT	ian: Residence befare admission)
	Duero.	MARYLAND	MI	7.	DIKTO.
b.	CITY OF TOWN (If autside carporate limits, write c. I	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporate limits, write	RURAL and give nearest town)
d.	NAME OF HOSPITAL (If not in haspital, give street address INSTITUTION)	bss) Rd	d. STREET ADDRESS	hnnnsak	e. IS RESIDENCE ON A FARM? YES NO
DE	AME OF First Property of Prope	4 Middle	Last	4. DATE OF DEATH	The Day Year 1959
S. SE	6. COLOR OR RACE T. MARRIED WIDOWED WIDOWED		B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hours Min.
10a. (	USUAL OCCUPATION (Give kind of work done 10b. KIND working mast of working life oven if retired)		STRY 11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY
13. FA	THER'S NAME	u samu	14. MOTHER'S MAIDEN NA		
2	lavid m. Shover		m	c Causli	in
15. W (Yes, r	(AS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCion unknown) (If yes, give wor or dates of service)	AL SECURITY NO. II	Murgari	tV. El	ests.
1	B. CAUSE OF DEATH [Enter only one cause per imp for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r (a), (b), and (c).]	Throator	eis	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which ) (b) (b)	Erio Je	larofic	C.V.D	241
	gave rise to immediate cause (a), stating the under-lying cause last.	eval 185	ed arberry	Salvice	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ial disease condition GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO N
CERI	00. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING  CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Parl II of item 18.)	
MEDICAL	Oc. TIME OF INJURY Manth, Day, Year 20d. INJUR Haur a.m. While at wark	Nat while fac	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
	21. I certify that I oftended the deceased from 6 - 1955, to 10 = 72, 1957 that I lost sow the deceased olive on 10 - 22, 1957, and that death occurred at 1 AM, from the couses and an the date stated above  ADDRESS (Street, city or lown, state)  DATE SIGNED				
	IGNATURE JOILES SH	well	M.D. Laza	us vice	le 10-23
P	HYSICIAN'S IAME (Type)				
	BURIAL, CREMATION, 22b. DATE THEREOF 220 REMOVAL (Specific) 10/26/59	NAME OF CEMETERY O	R CREMATORY	Balto .	or county) (State)
23. El	Mac Nave + Son	ADDRESS 28	24a. REC'D DATE	07 0 - 170	ISTRAY'S SIGNATURE

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Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Rosewood State Training School o. COUNTY o. STATE b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) h. CITY OR TOWN III outside corporate limits, write c. LENGTH OF STAY IN 16 RUSAL and give so Mil'al's, Md. 3 VO1d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION HOSEWood State Traing School ON A FARM 45i3 Fairview ave. YES NO NAME OF Middle Mae 4. DATE Simons DECEASED Andrea (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last bothday) IF UNDER 1 YEAR IF UNDER 24 HRS /10/57 Months Days Hours White Female WIDOWED [7] DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth HenriettaCoff Nathan Simons 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Rosewood Records no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur a. m While Not while at work at work 1957, that I last saw the deceased 21. I certify that I attended the deceased from alive an /C and that death accurred at 11-A-M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a BURIAL, CREMATION, 22b. DATE THEREO 24b. REG STRAR'S SIGNATURE 24g. REC'D 8Y REGISTRAR DATE OCT 1 Chilmy S. Kines

director 133 Prol Pe

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campletely papers. pup physician Car offe haurs remave attending please þ per pup burial-transit been has certificate SO DIRECTOR: prior shauld

FUNERAL page 0 VS A1S (4) ISM 9/S8

registrar

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ATTEND

## CERTIFICATE OF DEATH 11192

32 Reg. Dist. No ....

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Baltimore MARYLAND	STATE MARYLAN DOUNTY ANNE HRUNDEL
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (If outside corporate limite, write RURAL and give neerest town) OR
	TOWN Mt. Wilson 17 mouths	TOWN CROWNSVILLE 02x2
77	HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
104	STREET ADDRESS Mt. Wilson State Hospital	
À	3. NAME OF (First) (Middle)  (Type or Print) WILLIE BATTLE	CMITH  4. DATE (Month) (Dey) (Year) OF DEATH OCT. 15
1	MALE VXHITE Specify Marked Tel-	
	106. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) AUTO MECHANIC AUTO REPAIR	NORTH CAROLINA 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME EIRNEST Z, SMITH	MARY EMMA LOUIS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS HOSPITAL Records
	(Yes, no, or unk.) (If Yes, give wer or dates of service) 238-12-150	Mt. Wilson State Hospital
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	022 × IMMEDIATE CAUSE (A) Eurobolism	(arterial - Gram) 7 3 kg
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  DUE TO	of thoracic apria IT Typus
	(c) Hromposis	of thousese sorta
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.	ARY TBC
3.	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
~	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	c. WHERE DID INJURY OCCUR? (City or fown) (County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED   2	1f. HOW DID INJURY OCCUR?
	M. at work et work	HOW DID HOUNT OCCUR!
	22. I hereby certify that I attended the deceased from 5	3. 19 58 to 10/15 19 59 that I last saw the decorded
1	alive on 10/15, 19 5, and that death occurred at	
10M	SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
1-55	Wm. Newcomer M.D. SI	perintendent, Mt. Wilson, Maryland
A15C 1	REMOVAL (SPECIFY)	LOCATION (City, towir, or county) (Stete)
	Burial Oct.19,1959   Hillcrest Ce	metery Annapolis Maryland
2	007.4	25. FUNERAL DIRECTOR'S SIGNATURE 172 WESADOS STREET
	DATE OCI 19'59 Outling S. Harre	HOPPING FUNERAL HOME ANNAPOLIS: MARYLAND

# TO CERTIFICATE OF DEATH

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11169

246 REGISTRAR'S SIGNATURE OCT 2 0 '59

Cothun S. Kraw

24a. REC'D BY REGISTRAR

	. W	1119	3	CERTII	-ICA1	E OF DEATH	1		Reg. Dist.	No.	. 0 47
	PLACE OF DEATH o. COUNTY Ba	timore		MARYL	- 11	o. STATE Mary		ed lived. If institution b. COUNTY		befare admiss	
	b. CITY OR TOWN (If	XXXE (nu	ral)	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF o	viside corp	orate limits, write R		nearest town	)
	d. NAME OF HOSPITA OR INSTITUTION			Falls Ro	. /	d. STREET ADDRESS					FARM?
	NAME OF DECEASED (Type or print)	Rocc		Middle		Spera	4. DATE OF DEATH	Oct.10		/	Year 1959
S.	male	6. COLOR OR RACE white	7. MARRII	ED XNEVER MARRIE		DATE OF BIRTH	<u> </u>	9. AGE (In years last birthday) 75 yrs.	Months Do		R 24 HRS. Min.
100	. USUAL OCCUPATION	N (Give kind of warking life, even if retired		arry		11. BIRTHPLACE (State	ar foreign	cauntry)		S.A.	OUNTRY?
13.	FATHER'S NAME Veto			- J		14. MOTHER'S MAIDEN N					
15. (Ye	WAS DECEASED EVER		ervice)	6-07-9500		ner L. Men	tzel	Addi	bove		
		H WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  y, which mediate	Arte	e for (a), (b), and (c).] Erio scle	roti	c C.V .Di;	sease	5		INTERVAL BE	rs/
MEDICAL CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMI	INAL DISEA	SE CONDITION GIV	EN IN PART 1	19. WAS PERFO	AUTOPSY RMED?
CERTIFI	OR CONTRIBUTING	UNDERLYING UCAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURRED. (	Enter nature af injury in	Part I ar Pa	rt II af item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	20d. IN While at work	Not while		OF INJURY (Home, farm y, street, office bldg., etc		y or town)	(Cou	nty)	(State)
	actual SIGNATURE		, 19.59	9, and that	death a	, 19 <u>48</u> , to(ccurred at 10_a	M, fram	the causes an Street, city or lown,	d an the d	late stated	
	PHYSICIAN'S NAME (Type)	.M. Franc					n signer deally alphysiques, amon amon more and				
220	BURIAL, CREMATION	10-19-5		St. JOSE		REMATORY Catholic		ockeysvi		Md . (Stat	e)

the registrar priar to burial,

23. FUNERAL DIRECTOR'S SIGNATURE
Brooks Funeral Service, Towson 4, Md.

VS A1S (4) 1SM 9/58

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	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	. Dist. No. 1117(
L	PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, 8 o. STATE b. COUNTY 6	altimore
2	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necreal town) Monkton 64/65,	Rural Monkto	1
L	d. NAME OF HOSPITAL OR INSTITUTION (IS not in hospital, give street address)	d'street adpress	e, IS RESIDEN ON A FAR YES NO
3.	NAME OF OPECEASED (Type or print) Cynthia Ann Stahler	4. DATE Manth OF DEATH Oct. 28	Day Year 1959
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	PATE OF BIRTH 1959 P. AGE (In years last birthday) Wrs. IFUN Model	DER TYEAR IF UNDER 24
104	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Battimore Md.	CITIZEN OF WHAT COUN
13	Edward Eugene Stahler	14. MOTHER'S MAIDEN NAME	tne
15		GUSENO Stollen Address Ma	notar Mid
F	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  A court of full mile of		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Acute fulminat  PART I. DEATH WAS CAUSED BY:  Acute fulminat	ing pneumonia	12 hrs
	Conditions, if any, which (b)		
	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO (c)		
CATION		IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTO PERFORMED YES NO
CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19  20d. INJURY OCCURRED While Nat while of work at work	CE OF INJURY (Home, form, 20f. (City or town) bry, street, affice bldg., etc.)	(County) (Sta
	21. I certify that I took charge of the remains described about death resulted from: Natural couses . Accident . Suid	ve, held on Autopsy 🔲, Inspection 🔼, Inc cide 🧻, Homicide 🗍, Undetermined cause	viry , and find
	ACTUAL G. M. France	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNE
4	EXAMINER'S A. M. France	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER    TALE  TO SERVICE STATEMENT OF THE SERVICE	10/28/59
220	Transa (Type)		,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nycessary, please execute the central pie, writing the ward "pending" in penali in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be farwarded to Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18

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		1007 2 M. A. 1	

VS A1S (4) 1SM 9/SB

MARYLAND STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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11195 CERTIFICATE OF DEATH

Reg. Dist. No.

a. COUNTY				a STATE	NCE (Where decease	d lived. If institution	on: Residence befo	are admission)
BA	LTIMORE		MARYLAND	MAR	CYLAND	D. COUNTY	RALTI	MORE
RURAL ond give	(If outside carporate limineorest town)	its, write	c. LENGTH OF STAY IN 1b	_	WN (If autside corpo		URAL ond give ne	earest town)
	ITAL (If not in haspital, s	rive street	address)	d. STREET ADD		AEA .		e. IS RESIDENCE
OR INSTITUTION	artin-ale	77.						ON A FARM?
106 140	rringare	Kaa	4	106 M	LARTITING CALCE	ROAD		YES NO
NAME OF DECEASED (Type or print)	CHARLES	rst	Middle GRILLEY	STEVENS	4. DATE OF DEATH	OCTOBER	th 25	ay Year
. SEX		7 44.00	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		19 <b>59</b> R IF UNDER 24 HRS
			The second secon			last birthday)	Months Days	Haurs Min.
MALE	WRITE	WIDOWI		OCTOBER	3, 1875	84 yrs.	120 010 200 1	
during most of wo	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign o	country)	12.CITIZEN O	F WHAT COUNTRY
ET. THEATR	ICAL DIRECT	OR SE	LF EMPLOYED	ONIO			US	
3. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
TAWRANC	E STERN STE	VENS		KATE	DANTELS			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT	DANALES	Addi	ress	
Yes, no, or unknown)	NONE	ervice)	NONE MR	S. FREDERI	CT C MAT	THEUS	106 MAI	RTINGALE
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ERIOSCLEROTIC	CEFFERNA	SCHLAR -	DISEASE	ON	SET AND DEATH
シンイン		,						A
Conditions, if	immediate							
couse (a), stating								
lying couse last	. ) (c	)						
PART II. O'	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	HE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3								YES NO
OR CONTRIBUTIN	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of in	njury in Part I or Po	rt II of item 18.)		
-	10	or 20d. It While of wor	Not while fo	ACE OF INJURY (Hos ectory, street, office bi		y or lown)	(County	) (Stote
21 Lagratificati	hat I attended the	dassas	ad from	1057	to Oct	15 1059	4h = 4       = 4 = =	
	hat I attended the	deceds	^	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0			w the decease
alive an	V6		, and that death	n accurred at				e stated abov
	1.11.	1	11. R.			itreet, city or town,		DATE SIGNE
SIGNATURE N	musun	1/1	asvuy	M.D	/ / / //	onthe M	YVIJ.	10.26.7
PHYSICIAN'S NAME (Type)	VILLIAM	A.	PILLSBURY					
	ON, 22b. DATE THEREC	OF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(State)
REMOVAL (Specif	y)			EMETERY	BAT	TIMORE	M	
CREMATION  3 PUNEPAL DIRECTO			ADDRESS		4a, REC'D BY REGIS	11-11-1	STRAR'S SIGNATU	
sofin 1	reams de	ciel						
JOHN BURNS	SONS	TO	SON MD	D	ATE OCT 3 0	59 a	Thur S. The	aud.

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Barrier of Control				
			91	Monage I
	(ABOVE 82.1. C.)		1011	ESPECIAL PROPERTY.
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11196

### CERTIFICATE OF DEATH

	-420	U	CERTITIO		. 0. 0.,	***			Reg, Dis	t. No.	
1. PLACE OF DEATH o. COUNTY	ALTIMO	RE	MARYLAND	2.	USUAL RESIDENCE a. STATE		ere deceased	b. COUNTY		e before	admission)
b. CITY OR TOWN RURAL and give	(If outside carporate limit	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN	1 (If o	ulside carpo	rate limits, write F	RURAL and g	ive near	est town)
	EYSUILLE		TYFARS		BA	47	TIMO	RE		30	01-4
d. NAME OF HOSP OR INSTITUTION	1TAL (If not in hospital, gi	ive street	oddress)		d. STREET ADDRES		BAR	CLAY		•	ON A FARM?
3. NAME OF DECEASED	ROS	st	Middle	-	Last		4, DATE OF DEATH	Mor		Day	Year
(Type or print)  5. SEX			ANNA	-	TUPKA	-	DEATH	OCT		14	19 5 9 F UNDER 24 HRS.
FE	A .	WIDOWE	DIVORCED		4-3-18	3 7	8	9. AGE (In years lost birthday)  yrs.		-	Hours Min.
during most of wo	ION (Give kind of wark d rking life, even if retired) EWIFE	lane 10b.	KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (			ountry)	12. CITI		WHAT COUNTR
3. FATHER'S NAME				14	. MOTHER'S MAID	DEN N	AME				
CRIS	FISHE				HE	7	TY	SWA	RTZ	2	
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCE Ill yes, give wor or dates of se	rvice)	SOCIAL SECURITY NO. 17.	TA	and L.	4	Irrita	J. Co	rcher	pre	24 m
	ATH [Enter only one car	use per lin	e for (a), (b), and (c).]	,			^	1		INTER	TAND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	a	rterio Un	CIL	erolic	(	arc	tio			
422	DUE TO		1		11					1	7
Candilians, if	immediate (	V	ascertar	_	Nice	1				/	gear
cause (a), stating	The under-									100	
_	(c)	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE T	TERMI	NAL DISEASI	E CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED? YES NO FI
PART II. Of	YAS UNDERLYING DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (E	nter nature of injur	y in P	art I or Part	II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	IRY Month, Day, Yea	v 20d. IN While al wark	Nat while fe	LACE octory.	OF INJURY (Home, street, office bldg.	form,	20f. (City	ar tawn)	(C	ounty)	(State)
21. I certify t	hat I attended the	decease	ed fram 5-2	3	, 19 <u>52,</u> to		10-1	4	that I le	ast sav	w the decease
alive on	10714	, 19.5	Z, and that deat	h oc	curred at 193					e date	stated abay
ACTUAL SIGNATURE	hall	wi.	Kus	M D	Cock	le.	ADDRESS (SI	reet, city or town,	state)		16/14/5
PHYSICIAN'S NAME (Type)				_ M.D.		1		7			
220. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 22b. DATE THEREO		22c. NAME OF CEMETERY (Balto. Natl	OR CR	EMATORY			MON (City, town,			(State)
23. FUNERAL DIRECTO			ADDRESS		240.	REC'D	BY REGIST		STRAR'S SIG	NATURE	
Wm. Cook.	Inc. 1217	St.	Paul St.			22.0	CT 16'		allun 9		



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Reg. Dist. No.

1	11147	Keg. Ui	st. No.
1	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)
	Bal timore MARYLAND		imore
	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Г	RURAL ond give necrest town) Fullerton	× Rullerton	
1	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENC
	L333 Chapel Rd.	4333 Chapel Rd.	ON A FARM
3			
ľ	DECEASED	OF	Day Year
1	WIIII U.	Sweetman Uctober	5 19 50
	MARKIED [] IVEYER MARKIED []	lost birthdoy) Months	Doys Hours Mi
	Male White WIDOWED TO DIVORCED	March 31, 1888 71 yrs.	
ľ	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITI	ZEN OF WHAT COUNT
1	Machinist-Retired Arsenal	Bal to Md.	USA
ا((	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Robert A, Sweetman	Mary E. Unknown	
1	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address	
		r. William C. Sweetman 1333 Chap	-7 D-1
-		r. William C. Sweetman 4333 Chap	INTERVAL BETWEE
33	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:	4 0 - 41 8 0 0	ONSET AND DEA
94	IMMEDIATE CAUSE (a) CORONARY	1 Roiu Bosis	4 days
9	H d.O. DUE TO		0
	Conditions, if ony, which ) (b) ARTERIOSEL	ERUSIS	10 years
	gove rise to immediate Couse (o), stating the under-		
	lying couse lost. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTO
0			YES NO
i	20 ACCIDENT WAS INDEPLYING TO JOSE DESCRIPT HOW BUILDING OCCUP	RED. (Enter noture of injury in Port 1 or Port II of item 18.)	
100	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
13	20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town)	County) (S
1	Hour o. m. While Not while	foctory, street, office bldg., etc.)	(0
1			
- 1		13 , 1951, to Oct. 5 , 1959, that I la	ist saw the dece
	alive an Oct. 3, 1959, and that dea	th accurred at 1 P. M, fram the causes and on the	date stated ab
		ADDRESS (Street, city or town, stote)	DATE SIG
1	SIGNATURE Go am golevis	MD 6232 BELAIR ROAD, BALTOG	14D. Och.7
1			
	PHYSICIAN'S ADAM G. SWISS		
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	REMOVAL (Specify)		(31018)
2	Rurial 10-8-1959 Woodla	Wn Baltimore, Md.  240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIG	GNATURE
-	1 I I All was RI	Of the s	Tracks.
K	assalm Tumeral (Home 1461 Delais	PAGE DATE OCT 9 59 Charling in	

A Charles (Laborate Carp. As 1919) A second control of the carp.

CALLED AND AND AND A SECOND SECURITY OF THE PARTY OF THE

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the funeral director,

death. Page 4

page 3 should be detached far use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death. may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs

TO HOSPITAL & VS A15 (4) 15M 9/5B



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18.

**CERTIFICATE OF DEATH** 11198

Reg. Dist. 11175

BALTIMORE  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Some and the composition of
RURAL and give nearest town)  FORT HOWARD  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  VETERANS ADMINISTRATION HOSPITAL  3. NAME OF DECASED (Iype or print)  Served as: Leroy  N Taylor  TAYLOR  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  10. 1959  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  10. DIVORCED  10. DI
d. STREET ADDRESS OF INSTITUTION VETERANS ADMINISTRATION HOSPITAL  3. NAME OF DECASED (Type or print) Served as:    First   Middle   TAYLOR   ADTE   OCTOBER   TO   19 59
OR INSTITUTION  VETERANS ADMINISTRATION HOSPITAL  755 W LEXINGTON STREET  ON A FARM?  VETERANS ADMINISTRATION HOSPITAL  755 W LEXINGTON STREET  ON A FARM?  VES  NO IN  A PART OF DECEASED EVER IN U. S. ARMED FORCES?  IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  VES  NO IN  Norman  Norm
3. NAME OF DECEASED (Type or print) Served as: Leroy N TAYLOR (TAYLOR OF DEATH OCTOBER 10, 1959)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6.22-95 9. AGE (In years lost birthday) 63 yrs. Months Doys Hours Min.  COLOR WIDOWED DIVORCED 6.22-95 9. AGE (In years lost birthday) 6. Age (In years lost birthday) 6. Age (In years lost birthday) 6. Age (In years lost birthday) 7. Address Months Doys Hours Min.  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  PORTEE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If year, no, or withnown) (If year, give wor or date of service) 21.2-07-5097 CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE INTERVAL BETWEEN ONSET AND DEATH 10 HOURS OF THE LEFT VENTRICLE UNKNOWN  Conditions, if ony, which gove rise to immediate CAUSE (o), MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE UNKNOWN
TAYLOR   T
5. SEX    SEX   SEX   COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED   SEX   Sex   COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED   Sex   Sex   Sex   COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED   Sex   Se
5. SEX  MALE  COLORED  WIDOWED  DIVORCED  DIVORCED  6-22-95  63 yrs.  Months  Doys Hours Min.  Months  Doys Hours Min.  Months  Doys Hours Min.  Months  Doys Hours Min.  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  PORTER  13. FATHER'S NAME  WILLIAM LANE  14. MOTHER'S MAIDEN NAME  WILLIAM LANE  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes., no, or unknown)  (If yes, give wor or dotes of service)  VES  WM-1  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  Conditions, if ony, which gove rise to immediate couse (o), stoting the under:  (b)  HYPERTROPHY AND DILATATION OF THE HEART  UNKNOWN  DUE TO  LONG COLOR OR RACE  10. DATE OF BIRTH  9. AGE (In years lost birthdoy)  Months  Doys Hours Min.  Address  FILUMDER 1 YEAR IF UNDER 2 HRS.  Months  Doys Hours Min.  11. BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  BALTIMORE MARY LAND  U. S. A.  14. MOTHER'S MAIDEN NAME  REBECCA TAYLOR  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown)  (If yes, give wor or dates of service)  21.2-07-5097  CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION  INTERVAL BETWEEN ONSET AND DEATH  10. HOURS  INTERVAL BETWEEN ONSET AND DEATH  10. HOURS  UNKNOWN  ONSET AND DEATH  ON HAVE A COUNTRY?  UNKNOWN  DUE TO  LONG COUNTRY.  UNKNOWN
MALE COLORED WIDOWED DIVORCED 6-22-95 63 yrs. Months Doys Hours Min.  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  PORTER  13. FATHER'S NAME  WILLIAM IANE  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)  YES  WW-1  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  OCONDITION, which gove rise to immediate cause (o), stating the under-lying couse lost.  (e)  NEWSPAPER COMPANY  BALTIMORE MARY LAND  U. S. A.  12. CITIZEN OF WHAT COUNTRY?  13. BRITHPLACE (State or foreign country)  14. MARY LAND  U. S. A.  14. MOTHER'S MAIDEN NAME  REBECCA TAYLOR  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)  21. 2-07-5097  CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION  INTERVAL BETWEEN ONSET AND DEATH  10 HOURS  UNKNOWN  UNKNOWN  DUE TO  LIVER TROPHY AND DILATATION OF THE HEART  UNKNOWN
PORTER  13. FATHER'S NAME  WILLIAM LANE  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. INFORMANT Address  YES WM-1  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (b) DUE TO (c) WILLIAM LAND  14. MOTHER'S MAIDEN NAME  REBECCA TAYLOR  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. INFORMANT Address  REBECCA TAYLOR  16. SOCIAL SECURITY NO. INFORMANT Address  21.2-07-5097 CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION  INTERVAL BETWEEN ONSET AND DEATH 10 HOURS  10. HYPERTROPHY AND DILATATION OF THE HEART  UNKNOWN  COUSE (a), stating the under-lying couse lost.  (c)
PORTER  13. FATHER'S NAME  WILLIAM LANE  14. MOTHER'S MAIDEN NAME  WILLIAM LANE  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  WW—]  16. SOCIAL SECURITY NO. INFORMANT  Address  21.2—07—5097 CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse lost.  (c)  NEWSPAPER COMPANY BALTIMORE MARY LAND  INFORMANT  Address  VAH BALTIMORE MD FT HOWARD DIVISION  INTERVAL BETWEEN NETH NETH NETH NETH NETH NETH NETH N
13. FATHER'S NAME  WILLIAM LANE  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  WW—]  16. SOCIAL SECURITY NO. INFORMANT  Address  21.2—07—5097 CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  18. COUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (c)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address  YES 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  ON SET AND DEATH 10 HOURS  Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse lost.  (c) IMPORMANT Address  Address  Address  CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION  INTERVAL BETWEEN INTERVAL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address  YES 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  ON SET AND DEATH 10 HOURS  Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse lost.  (c) IMPORMANT Address  Address  Address  CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION  INTERVAL BETWEEN INTERVAL
YES WW-1 212-07-5097 CLIN REC VAH BALTIMORE MD FT HOWARD DIVISION  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (c) CIN REC VAH BALTIMORE MD FT HOWARD DIVISION  INTERVAL BETWEEN  INTERVA
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under.   DUE TO    Lying couse lost.   DUE TO    Lying couse lost.   Interval Between on Set And DEATH 10 HOURS    INTERVAL BETWEEN ONSET AND DEATH 10 HOURS    LEFT VENTRICLE    LINERVAL BETWEEN ONSET AND DEATH 10 HOURS    LONG THE LEFT VENTRICLE    UNKNOWN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under: lying couse lost.  MASSIVE MURAL THROMBUS OF THE LEFT VENTRICLE  ONSET AND DEATH TO HOURS  HYPERTROPHY AND DILATATION OF THE HEART  UNKNOWN  DUE TO  (c)
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  HYPERTROPHY AND DILATATION OF THE HEART  UNKNOWN  (b)  UNKNOWN
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  HYPERTROPHY AND DILATATION OF THE HEART  UNKNOWN  (b)  (c)
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  HYPERTROPHY AND DILATATION OF THE HEART  UNKNOWN  (b)  (c)
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (c)
lying couse lost. (c)
· (c)
CHRONIC PASSIVE CONGESTION OF THE LUNGS, LIVER AND INTESTINES  PERFORMED?  YES NO   PERFORMED?
O ACCIDENT WAS UNDERLYING TO JOB DESCRIBE HOW INJURY OCCURRED (Sales ashes of injury in Boot Lee Boot
200. ACCIDENT WAS UNDERLYING [ 1200. DESCRIBE HOW INJURY OCCURRED. [Enter notice of injury in roll to roll it of heart is.)
ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Doy, Year Hour o. m.  P. m.  19  20d. INJURY OCCURRED While Not while of work of twork of two twork of two twork of two
21. I certify that Wattended the deceased from September 15 1959, to October 10, 1959, that the deceased from September 15 1959, to October 10, 1959, that the deceased from September 15 1959, to October 10, 1959, that the deceased from September 15 1959, to October 10, 1959, the octobe
and that death accurred at 3:40 a.M. from the causes and an the date stated abave.
ADDRESS (Street, city or town, state)  DATE SIGNED
ACTUAL SIGNATURE ND VAH Baltimore Md Ft Howard Div, 10-10-5
PHYSICIAN'S Harold Calvo M.D. VAH Baltimore 18 Md - Ft. Howard Division
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 10/14/59 Baltimore National Baltimore Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
Arlington S Phillips 1808-10 N Monroe St DATE OFT 13'59 Cathua & Kraus
Baltimore, Md.

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	1102	5	CERT	IFIC/	AIE OF DEAT	Н		Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY	altimore		MAR	YLAND	O. STATE		b. COUNTY	on: Residence	e before admis	ision)
b. CITY OR TOWN (	If outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b			rote limits, write R	URAL ond g	ive nearest tow	m)
			1 year		5/ Arbutus					
D. CITY OF TOWN If outside corporate limits, write RURAL and give near the RURAL and give nears town.  D. CITY OF TOWN If outside corporate limits, write RURAL and give near the RURAL and give near		ON	SIDENCE A FARM?							
3. NAME OF DECEASED	Fi	rsl	Middl	e	Lost	-			, 1959	Yeor
5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARR	RIED 🔼	B. DATE OF BIRTH	A STA	9. AGE (In years			
	11						,	Months	Days Hours	Min.
On. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	I2. CITI	ZEN OF WHA	COUNTR'
Clerk		B	.&O.R.R.	97.63	Marylan	d		I	J.S.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
William	Tageler				Mary D.	Echle				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17. 1	NFORMANT		Addi	ess		
No		7	05-09-27	08 E	dna Granlu	nd 49	00 Lees	d Ave		
			ne for (o), (b), and (c)	).]	1 80	2 (	0 1		INTERVAL B	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Ce	mytro	Elic	Lalera	e Je	Kerosis		ONSET, AND	YRS
356.1				,	10 1	1				
		9	multy	ile	Directi	Touli	tes		7	TRS
	mmediate (		1							
		:)(:								
PART II. OTH	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PART	1(o) 19. WAS PERFO YES	DRMED?
	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY (	OCCURRE	D. (Enter noture of injury in	Port I or Part	II of item 18.)			
Hour o. m.		While	Not white	20e. PL. for	ACE OF INJURY (Home, forr ctory, street, office bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(Stote)
	ot I attended the	deceos	ed from Ma	rch	, 1953, to C	let	19 , 1959	thot I le	ast sow the	decease
olive on_	2 17	, 125	Z,, ond that	t deoth	accurred of				e dote stat	ed abov
ACTUAL SIGNATURE	lu T.	Ca	alaha	u	M.D. 4201 We	011	1	- 6		ATE SIGNE
	ohn F. Goo	laha	n		4201 Wil	kens	Ave.			
	1 1	Service Co.	22c. NAME OF CEN	AETERY O	R CREMATORY	22d. LOCAT	10N (City, town, o	r county)	(Sto	te)
Burial	16/22/-	54	New Co	the	Scal Cemeter	V Bal	timor-	e m	orllan	11
23. FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS		24a. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	
Hinh = == e	WA 1270	111	1 26 4 5	-		OCT 22	159 (	Inthoin 2	8. Thank	

may be retained by the haspital or attending physician.

2 FUNERAL LACTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs offer-Lactor. er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR may be retail TO FUNERAL D VS A15 (4) 15M 10/57

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

# er death. Poge 4 moy be retained by the haspital or ottending physician. O FUNERAL LACTOR: After this certificate has been signed by the attending physician and completely filled in the function page 3 should be detached far use as the buriol-tronsit permit. Then please remave corban popers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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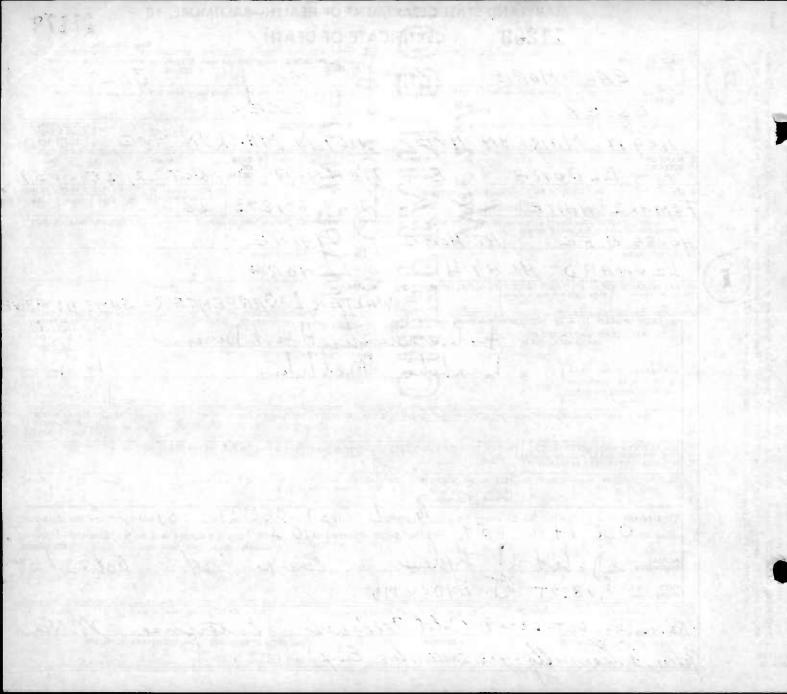
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11177

	1119	9	CERTIFIC	ATE OF D	EATH		Reg. Dis		1111
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND		PENCE (Where de	ceased lived. If inst		ce before adm	nission)
b. CITY OR TOWN RURAL ond give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If autside	corporate limits, wr	te RURAL ond s	ive nearest to	own)
~ .	onsville			Baltin	more	3	V01-	4	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street o	address)	d. STREET AI	DDRESS			e. IS I	RESIDENCE
	Nook Nursi	ng Ho	me	3213	Brightw	ood Ave.			A FARM?
3. NAME OF DECEASED (Type or print)		si BERT	Middle WHAR TON	Lost TEST	0	ATE FATH Octo	Month Ober	Day 19	Year 19 59
5. SEX			IED MEVER MARRIED	B. DATE OF BIRTH		9. AGE (In ye	ors IF UNDER	TYEAR IF UN	
Male	White	WIDOWE		May 26	. 1874	lost birthde	yrs. Months	Days Hou	rs Min.
100. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State or fore		12. CIT	IZEN OF WH	IAT COUNTRY?
Statisticia	rking`life, even if retired	"		Chic	ago, Ill	inois	I	JSA	
13. FATHER'S NAME	~~~				MAIDEN NAME	11015		,011	
Fr	ancis Wilb	v Tes	t		Crawle	v Ellis			
	ER IN U. S. ARMED FO			INFORMANT		*	Address		-
(Yes, no. or unknown) No	(It yes, give war or dates of	service)	13-05-8554 E		arton T			ose A	ve 2
18. CAUSE OF DE	ATH [Enter only one o	ouse per lin	e for (o), (b), and (c).]					INTERVAL	BETWEEN NO DEATH
PART I. DE	ATH WAS CAUSED BY:	-1	GOR PU	LMONA	LE			ONSETAN	VAC
5271	DUE TO							-	110
Conditions, if	ony, which ) "	. /	EMYSEMA	CHR	ONLIA			5	URS
gove rise to couse (o), stoting lying couse lost	the under-			,					
PART II. OT			ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DI	SEASE CONDITION	GIVEN IN PART	T 1(o) 19. W/	S AUTOPSY
Ĭ.	BENIE		FSSENTIAL	ilina	ERTEN			PER	FORMED?
20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH	1	RIBE HOW INJURY OCCURR			21010	)	1.00	
PART II. OT	G CAUSE OF DEATH Y MEDICAL EXAMINER)	- 377							
20c. TIME OF INJU Hour a. ji. p. m.	RY Month, Doy, Ye	or 20d. IN While of work	_ Nat while	PLACE OF INJURY (Hactory, street, office	lome, farm, 20f. bldg., etc.)	(City or town)	(C	County)	(Stote)
21. I certify t	hat I attended the	decease	ed from OCT	30, 1956	. to . O c	T. 19, 19.	59 that 11	act saw th	e decented
alive on	Dr. T. 19	19 5	29_, and that deat	7	13 10 1				
	7	0	1.000	ii occorred de		SS (Street, city or to		ie date sie	DATE SIGNED
ACTUAL SIGNATURE	norvin	XI	Redeller	M.D. 533	4 418	ERTY	HEIG	HTS	AVE.
PHYSICIAN'S NAME (Type)	MARUN	6	OLDSTEIN	1 8	ALTIN	MORE	7, M	D	
220. BURIAL, CREMATION REMOVAL (Specify	ON, 226. DATE THERE		22c. NAME OF CEMETERY	OR CREMATORY	22d. l	OCATION (City, to	vn, or county)	(5	itote)
Burial	10/22/1	959	Lorraine C	<u>lemetery</u>		Baltimore		Maryla	and
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a. REC'D BY R	EGISTRAR 24b. R	EGISTRAR'S SIG	NATURE	
Ellsworth	Armacost-	4600	Liberty Hght	s. Ave.	DATE OCT	2 2 '59	Cirilian.	S. Thous	

TO HOSPITAL OR TO FUNERAL VS A15 (4) 15M 9/55

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TO HOSPITAL OR TO FUNERAL

VS A15 (4) 15M 9/55

Trans.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11201

# CERTIFICATE OF DEATH

	22801	CERTIFICA	AIL OF DEATH	Reg. Dist.	No.
	COUNTY Baltwire	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE	lecedsed lived. If institution: Residence	befare admission)
	RURAtiond give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsid	e corporate limits, write RURAL and giv	e nearest town)
d	NAME OF HOSPITAL (If not in haspital, give street adds OR INSTITUTION Cork	ress) F	d. STREET ADDRESS	Road	e. IS RESIDENCE ON A FARM? YES NO
D	AME OF ECEASED (spee ar print) Elsie he	Middle		DATE OF AMOUNTS	2 8 19 S
5. SI	sewell while WIDOWED E	DIVORCED	B. DATE OF BIRTH 1 4 June 188	1 1 1 1 1	YEAR IF UNDER 24 HRS. ays Hours Min.
	USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, every if retired)	Saul	STRY IT BIRTHPLACE (State or for	reign countryly  ethico, had	EN OF WHAT COUNTRY
13. F	Albert Pleasail	rlsins	14. MOTHER'S MAIDEN NAME	ele Bost	ley
1S. V (Yes,	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC no. or unknown] (If yes, give wor or dotes of service) 203	-24-9263	Daughtu	Lore Cockers	with Md
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)   DUE TO	Ceich pertou a	no Case	lerotie tosis	ONSET AND DEATH JEW MUNICLE TO GEAT
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIB OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature of injury in Part i	ar Part II af item 1B.)	
MEDICAL	Roc. TIME OF INJURY Month, Day, Year 20d. INJUI While of work	Nat white fa	ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	Of. (City ar town) (Cou	unty) (State)
	21. I certify that I attended the deceased alive an, 195	from and that death		from the causes and on the RESS (Street, city or town, state)  Left grelle	date stated abave DATE SIGNE
	PHYSICIAN'S Walter T	TRES		(	
E	BURIAL CREMATION, 225, DATE THEREOF  TRANSVAL (Specify)  WHERAL DIRECTOR'S SIGNATURE  CACCOL CONTROL OF	IN CAME OF CEMETERY OF COMMENTERY OF CAME OF C	OR CREMATORY 22d PENOLOGY 24d. REC'D BY POIL, DATE NO		1 1 1

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	A Secretary Trees as	The same		
	THE WAR	19 may 1 1 1 9	1 333	
	4 June 1889	Chebban Bon Unigen Zem	13.24	Buck
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and the second second	Thomas or	Grand Street		
Property Country A. The				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11180

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) Severna Park e. IS RESIDENCE ON A FARM? Severna Bark YES NO NO Day Year 24 19 59 October IFUNDER TYEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Spring Grove State Hospital INTERVAL BETWEEN minutes PERFORMED? YES IN NO (County) (Slole) Catonsville-Baltimore-Maryland DATE SIGNED 10/25/59 22d. LOCATION (City, town, or county) (Stote) Baltimere, Maryland 24b. REGISTRAR'S SIGNATURE

5M 9/55

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	farwarded. The Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files. To FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11181

	9 5 1 7 1							Keg, Dist. IN	0.
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYL	0.57	3.0	Where deceased li	b. COUNTY	nı Residence be	ofore admission)
b. CITY OR TOWN III	f outside corporate limits, write n)	RURAL	c. LENGTH OF STAY IN		rbutus	If autside carporate	e limits, write RU	IRAL and give I	nearest town)
	ysto ne Rd.	f not in ho	pital, give street address)	d. \$1	REET ADDRESS 233 Gre	ystone R	d.		o. IS RESIDENCE ON A FARMY YES NO D
3. NAME OF DECEASED (Type or print)	George		erick Trei	ibler	Last	4. DATE OF DEATH	Manth Oct.	1 Day	959 Year 19
5. SEX 1/11	6. COLOR OR RACE White	7. MARRI WIDOWE	D NEVER MARRIED	Non	BIRTH V. 24, 1	888 9. A	4 6 1 A 4 4 A	UNDER TYEAR	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of working	ON (Give kind of work on life, even if retired)		enn F. Gall		RTHPLACE (State	e ar fareign countr	y)	12. CITIZEN C	F WHAT COUNTRY
13. FATHER'S NAME unkn	own Treibl	er	CERPET CO	14. MO1	HER'S MAIDEN Kathe	NAME erine Hof	fman		
15. WAS DECEASED EV	(ER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO.	17. INFORMAN	1 0	na Maes	er Address	3 Greys	tone Rd.
Canditions, if a gave rise to Imme (a), stating the cause last.	diate cause		Cardiovascu		sease				
CATIO			ONTRIBUTING TO DEATH					I IN PART 1(a)	PERFORMED?
PRIMARY ar COI	NTRIBUTING [	b. DESCRIB	E HOW INJURY OCCURRI	tD. (Enter natur	at injury in Pa	rt I ar Part II at ite	em 18.)		
20c. TIME OF INJU	RY Month, Day, Yea	While		PLACE OF IN	IURY (Home, farr affice bldg., etc	m, 20f. (City or to	awn)	(County)	(State)
	hat I took charge I from: Natural	-	remains described  Accident ,	above, held			ectiony, termined cau		, and find tha
ACTUAL SIGNATURE	Let	vek	ieffer	M.D.	HIEF MEDICAL E	EXAMINER   CAL EXAMINER			DATE SIGNED
EXAMINER'S NAME (Type)	De George	S.M.	Kieffer MD		EPUTY MEDICAL		0c	t. 1, 1	959
22a. BURIAL, CREMATIC REMOVAL (Specify) Burial	1013150		22c. NAME OF CEMETER Loudon P				(City, tawn, or o	county)	(State)
23. FUNERAL DIRECTOR HOWard	rs signature H. Hubbai	rd 41	ADDRESS 107 Wilkens		24a, REC	D BY REGISTRAR	24b. REGISTR	AR'S SIGNATU	RE

VS. A15ME(5) 5M 9/55

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VS A15 (4) 15M 9/55

ARYLAND	STATE DEP	ARIMENT	OF HEALTH-BALTIMORE,	18
	TITLE DELL	ALCOHOLD CO	OI TIERETTI-DAETIMORE,	

	11203	CERTIFIC	CATE OF DEATH	1	Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY	ORC	MARYLAN	2. USUAL RESIDENCE (WHO O. STATE		If institution: Residence o. COUNTY	before admission)
b. CITY OR TOWN (If outside RURAL ond give neorest to	iwu)	c. LENGTH OF STAY IN 11	b c. CITY OR TOWN (IF a	outside corporate lin	nits, write RURAL and giv	e nearest fown)
d. NAME OF HOSPITAL (IF IN OR INSTITUTION	112	reet oddress) R Convah, Hon	d. STREET ADDRESS	se/awn	AVE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Tyler	4. DATE OF DEATH	Month	Day Yeor 11 19 59
101	WIE WIE	MARRIED NEVER MARRIED DOWED DIVORCED	1-3-1872	9. AG lost	1 1 1 1	EAR IF UNDER 24 HRS.  Hours Min.
Teamship +	e kind of work done even if retired) >> SPECT-	Shipyard	Makyla	nd.		N OF WHAT COUNTRY
William Was	llace	Tyler	Hester-	Vane.	5	
15. WAS DECEASED EVER IN U. (Yes. no. or unknown) (If yes, gi	S. ARMED FORCES? ve wor or dates of service)	16. SOCIAL SECURITY NO. 17	Mrs J. F.	Vittstru	ick Address 302	O Roselawn Ltimore. N
PART I. DEATH WA		per line for (o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, wh gove rise to immedicouse (o), stoting the unclying couse lost.	ote (		4+0815 1e+0815			Vears
3 Corchary	OCC 4SI	ONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMI	nal disease conf	DITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO S
	ERLYING 1 20b. USE OF DEATH AL EXAMINER)	DESCRIBE HOW INJURY OCCUP	RRED. (Enter noture of injury in I	Port I or Port II of i	tem 18.)	
20c. TIME OF INJURY Mor Hour a. j., p. m.	V	Od. INJURY OCCURRED 20e. While Not while twork of work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	, 20f. (City or tow	rn) (Cou	nty) (Stote)
21. I certify that I a alive on Color ACTUAL SIGNATURE	-6	_	oth occurred at 7 18 X	M, from the	causes and an the	DATE SIGNED
PHYSICIAN'S RD	onald.	Jandorf	M.D			10-11:59
220. BURIAL, CREMATION, 226 REMOVAL (Specify)	10-13-59	Woodlawn	,		ity. town, or county) imore, IIId.	(Stote)
23. FUNERAL DIRECTOR'S SIGN	ATURE Ruch 5	ADDRESS 305 Hartord	Rd	O BY REGISTRAR	24b. REGISTRAR'S SIGN	

Division of STATISTICAL RESEARCH BALTIMORE 1, MARYLAND et 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) a. COUNTY Page b. COUNTY BALTIMORE Health BALTIMORE files. MARYLAND b. CITY OR TOWN (if outside corporete limits, ector. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) your, write RURAL end give nearest town) of 70 for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress 290 Liberty Parkway 2900 Liberty Parkway may be retained State 3. NAME OF Middle Last DECEASED and 3 to the OF the October RUTH VAN DYKE (Type or print) DEATH 2 with 6. COLOR OR RACE 7. MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR NEVER MARRIED last birthdey) Months WIDOWED Female ge 5 10a. USUAL OCCUPATION (Give, kind of work in pencil in Item 18. Give Pages 1, 2, Office along with form PM3. Page 5 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? VIRGINIA File pages 14. MOTHER'S MAIDEN NAME event permit. (Yas, no, or unkown) , RICHARDSON, ELLICOTTCITY, This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), Office along burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease, marked and DUE TO removal, Conditions, if eny, which (b) geve rise to immediate causa "pending" 0 Medical Examiner's DUE TO SE (a), stating the undarlying ŏ cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 3 ne certificate, writing the word plnous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part 1 or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ease executor, the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED I 2Df. (City or town) factory, street, office bldg., atc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry agent, Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT Bradley King, Jr., M.D. NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY BURIAL, CREMATION, OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 40 6 0 Δ, VS. AISME arthur S. Hraus DATE OCT 2 6 '59

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO [

1959

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED?

(Stete)

X NO

and in my opinion

DATE SIGNED

(Steta)

(County)

5M 7/59

Department and the time of the state of the Talpha Added to the Service of the California Control of the Californi THE RESIDENCE THE STATE OF THE STEE AND A PART OF THE PARTY OF SHE'S WART TOTAL STAKE VINEWER LIST JUHN Co. Kather Barn Fred L. Comitted THE SHOREST S. KICKBARDON CESTED TO SEE 41 EVELLE TOTAL MANNE AS LESSON AS LESSON The first the state of the stat

VS A1S (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11204 CERTIFICATE OF DEATH

Reg. Dist. No. 11184

1	. PLACE OF DEATH o. COUNTY Bal	timore	MARYLAND	2. USUAL RESIDENCE (V o. STATE	ь.	If institution: Reside COUNTY	nce before adr	mission)
1		f outside corporate limits, writ	c. LENGTH OF STAY IN 16		outside corporate limi	ts, write RURAL ond	give nearest to	own)
	Fort Ho		30 days	Balti	more		3 101	4
		AL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS			e. IS	RESIDENCE
		Administratio	n Hospital	3200	Clifton Av	re		□ NO 🍱
1	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yeor
	(Type or print)	HARRY		WADE	DEATH	ctober	23	1959
1	. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDE	R 1 YEAR IF UN	
	Male	Colored WIDO	OWED DIVORCED	July 12, 19	1	A Styrs. Months	Days Hou	rs Min.
Ī	Oo. USUAL OCCUPATIO	N (Give kind of work done 1	06. KIND OF BUSINESS OR INDU			12.CI	TIZEN OF WHA	T COUNTRY?
	Automobile	ring life, even if retired)	Garage	Gaston	Alabama		USA	
N.	3. FATHER'S NAME	parmer	varage	14. MOTHER'S MAIDEN	NAME		ODA	
3	Lee Wade			Powthe	(Unknown)			
h	S. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	( OILKIIOWII )	Address		
ı		(If yes, give wor or dates of service)	07770 0060 0	Tita Dan Was	h A.J. II.	- TOA IT-	16	a
F	Yes	WWII		lin Rec., Vet	G. AOIII. HOS	P. Pt HOW		
1		ATH (Enter only one couse pe					ONSET A	BETWEEN ND DEATH
1	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	UREMIA				4 1	reeks
1	600.0	DUE TO	PYELONEPHRI	TIS			2 3	rears
1	Conditions, if or	ny, which ) (b)	CARDTOMEGAL	7			unl	cnown_
ı	gove rise to it	mmediate (	OMIDIOIDOND.				-	7110M11
П	lying couse lost.	the under-						
		HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PA	RT 1(o) 19. W/	AS AUTOPSY
	PART II. OTH			TV.			PER	FORMED?
	20g ACCIDENT WA	S LINDERLYING TO 20h I	DESCRIBE HOW INJURY OCCURR	FD (Enter nature of injury i	Port I or Port II of it	em 18.)	123	00 110
	(IF EITHER, NOTIFY	AS UNDERLYING [] 20b. [ CAUSE OF DEATH MEDICAL EXAMINER)	PERCENT HOW HOOK OCCORD	ED. (Ellier notate of injury i				
	20c. TIME OF INJUR Hour o. m. p. m.		6.	LACE OF INJURY (Home, fa octory, street, office bldg., e	rm, 20f. (City or town	)	(County)	(Stote)
H	p. m.		nile Not while " work ot work	,,,				
		NA attended the desc	eased fram. September	2210 EO to O	atoben 23	10 EOMBEVEL	CONTRACTOR VIOLEN	valevaetic
1								
	10000000000000000000000000000000000000		and that deat	n accurred at 3:3				ed abave
	ACTUAL C	Punn.	ent d		ADDRESS (Street, cit			ATE SIGNEL
1	SIGNATURE	huch. Cra	where	M.D. VAH BALT	O MD., FT	HOWARD DIV	,	10/23/
1	PHYSICIAN'S		/					
	NAME (Type)	TOHN W CRAWFO	RD M D	VAH BALTO	D MD., FT	IOWARD DIV		
1	20. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY			ty, town, or county)		Stote)
	REMOVAL (Specify)	10-27-59	Baltimore Na		Balt.	more, Man		
2	3. MANERAL DIRECTOR	SIGNATURE	ADDRESS			24b. REGISTRAR'S S		
1	The state	recoon		0	CT 2 6 '59			
L	George Kel	lson 1348 Calh	oun St. Balto.	Md DATE U	61 60 33	Cirting S.	Tisalla	

• Section of the sectio An amount to the last the total fact that the last it would be niena i CERTAIN E 3\* And the second of the second and second as the second and the second of the second and the secon hitter's and a property of the control of the contr THE PART OF STREET, AND STREET The state of the s

# may be retained by the haspital or attending physician. TO FUNERAL D 10R: After this certificate has been signed by the attending physician and completely filled in by tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. death. Page 4 139 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11205 CERTIFICATE OF DEATH

Reg. Dist. No. 11185

1. PLACE OF DEATH Bactimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Made b. COUNTY Back	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Turne Sutherville 53 years	CITY OR TOWN (If outside corporate limits, write RURAL and give dural & Sutherwille	e nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Green Spring ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) James E, Wad	SWORTH OF DEATH OF 2	Doy Year 59
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	June8, 1884 June8, Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Carpenter  Contracting	Wilmington, Pol 12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME  Lawrel W. Wadsworth	14. MOTHER'S MAIDEN NAME FORM	Dool
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes. no or unknown)  (If yes, give wor or dates of service)  213-14-4110A  M	us Wadsworth Luthe	wille, Ki
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	thrombosis	INTERVAL BETWEEN ONSET AND DEATH The second
Conditions, if any, which) DUE TO Heykertens	vie CVD	
gove rise to immediate couse (a), stating the under-lying couse last.  DUE TO  (c) Culturoscular	cosis, generalized	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to thou o. m.  p. m.  19  20d. INJURY OCCURRED to face the face of work of work to the face of work to the f	ACE OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	unty) (Stote)
21. I certify that I attended the deceased from 6 and that death	1950, to Det 24 1957 that I la a accurred at 2/15 A.M. from the causes and an the	st saw the deceased
ACTUAL SIGNATURE Marks H. Williams	ADDRESS (Street, city or town, stote)  M.D. 1632 Reinforthurs	DATE SIGNED
PHYSICIAN'S Charles H. Williams	Pekewill 8	Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SURING SPORTS SATERS	OR CREMATORY 22d. LOCATION (City, town, or county) BAPTIST FALLS RI)-LUTHER	Store)  VICLE - MJ
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  WAT COOK-TOWSOM-INC-TOWSOM	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN OCT 2 8 '59 Oct 14.	

HI ABO RO	LI 2011 CERTIFICATE
NO DESCRIPTION OF LAND ASSESSMENT	

HOWARD DIVISION

		112	16		CERII	FICA	TE OF DEA	XIH			Reg. Di	st. No		
	PLACE OF DEATH o. COUNTY  Baltimore				MARY	LAND	2. USUAL RESIDENCE o. STATE Maryland		osed live	d. If institution b. COUNTY	on: Resider	nce befo	re admiss	sion)
-	b. CITY OR TOWN (IF RURAL ond give ne	outside corporate limi	ts, write	c. LEN	GTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside co	rporote l	imits, write R	JRAL ond	give ne	arest town	1)
	Fort Howa	ard		1 0	Days		Baltimon					3	V01	4
	OR INSTITUTION	AL (If not in hospital, g Administra					d. STREET ADDRE		ey S	treet	(:	23)	o. IS RES	FARM?
- 1	NAME OF DECEASED (Type or print)	Fir G	FORG	<b>.</b> 77,	Middle T		WAGENER	4. DAT OF DEA		Octob		De	379	Yeor 19 59
	Male	6. COLOR OR RACE	7. MA			D 📑	B. DATE OF BIRTH  December	23,1922	lo	GE (In years st birthdoy) yrs.	IF UNDER	Doys	Hours	ER 24 HRS Min.
00	. USUAL OCCUPATIO during most of work	112000			F BUSINESS O		TRY 11. BIRTHPLACE ( Baltimo:	State or foreig	n country				WHAT	OUNTRY
	Welder FATHER'S NAME			rapri	Cator	00.	14. MOTHER'S MAID		'A Tar	14	<u> </u>			
	Henry A. W						Mary C.	Grace						
(Yes		IN U. S. ARMED FOR fyes, give wor or dates of s			SECURITY NO.		in.Rec.,Va	H,Balto	.18,	Md. FC		OWAI	ED DI	VISI
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	-	line far (a		]						NON U	ERVAL BE SET AND VKNOW	TWEEN DEATH
	592 Conditions, if or gove rise to in	nmediate	, C	HRON	C GLOM	ERUL	ONEPHRITIS		ă			u	IKNO	IN
	couse (o), stoting t lying couse last.		)											
CATION	PART II. OTH	er significant con	DITIONS	CONTRIB	UTING TO DEA	ATH BUT	NOT RELATED TO THE T	TERMINAL DISE	EASE COI	NDITION GIV	EN IN PAI	RT 1(a)	PERFC	AUTOPSY PRMED?
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HO	OW INJURY O	CCURRED	). (Enter noture of inju	ry in Port I or	Port II of	item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	Whil	INJURY Cole No	ot while		CE OF INJURY (Home, tory, street, office bldg		City or to	own)	(	Caunty		(State)
							28 19.59 , to							
H	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	XXXX	XXXX	X and that	death	accurred at_1:			causes an		e date		d abave
	ACTUAL SIGNATURE	John Ev. C	ra	wfo	rd		A.D. VAH, BALT					VIS		10/22
	PHYSICIAN'S NAME (Type) . TOT	IN W. CRAWF	ORD	M.D			VAH, BALT	0.18,M	D. F	AWH. T	RD DI	VIS	ION :	10/22
_	BURIAL, CREMATION REMOVAL (Specify)	10/24	159		adowric		demorial Pa	ark (Ba	ltim		rsey,			
Ju.	CORRE L. So	SIGNATURE CONTROLLER	al I	2	DDRESS 101 Fre	ederi	ck Ave. 24a.	REC'D BY REC	26	9 24b. REGIS	TRAR'S SI	GNATL	Piraus.	

DIVISION 10/22/59 y, Maryland

TO FUNERAL DISECT page 3 should be a VS A15 (4) 1SM 9/SB

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ar attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11208

CERTIFICATE OF DEATH

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RUKAV and give neorest town) c\_CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL (If not in hospital, give street address!) . IS RESIDENCE ON A FARM? YES 🗍 NO F NAME OF 4. DATE Middle Yeor DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lawybirthday) OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Doys Hours WIDOWED P DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even/if relifed) AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN yes nive war or dates of service 18. CAUSE OF DEATH [Enter only one couse per line for (a)/(b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour While Not while of work of work p. m. 1957, that I last saw the deceased 21. I certify that I attended the deceased fram. alive an and hat death accurred M, fram the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY BURIAD CREMATION. (Stote) REMOVAL (Specify) FUNEBAL DIRECTOR'S SIGNATURE DDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur & Kraus DATEOCT 1 3 '59

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FUNER

Not of the sections BROWN THORNWOOD, MATERIAL COLUMN

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11189

	11209		CERTIF	FICA'	TE OF DEAT	Н		Reg. Dist	l. No.	
PLACE OF DEATH O. COUNTY  Baltimos	re		MARYL		2. USUAL RESIDENCE (W. o. STATE  Maryland	here decease	d lived. If institution b. COUNTY	on: Residence	e befare a	dmission)
b. CITY OR TOWN ( RURAL and give n  Fort Hov		its, write	5 Minutes	N 16	c. CITY OR TOWN (IF Baltimore	autside carpo	0	URAL and gi	ive nearest	tawn)
d. NAME OF HOSPI	TAL (If not in hospitol, g Administra	tion H	Idress)		d. STREET ADDRESS 3640 Keyst	one Av			0	RESIDENCE
B. NAME OF DECEASED (Type or print)	THOMAS	rst	ANDRE	V	WASSIL	4. DATE OF DEATH	October	th	D84	Year 59
. sex Male	6. COLOR OR RACE	7. MARRIE	DIVORCED	-	pril 16,193	3	9. AGE (In years last birthdoy) 26 yrs.			JNDER 24 HR
Oa. USUAL OCCUPATION  during most of wor  Tractor O	ON (Give kind of work king life, even if retired Derator	done 10b. KI	ND OF BUSINESS OR		Hazelton	_	ountry) sylvania		S. A	AT COUNTR
Andrew G.			100		14. MOTHER'S MAIDEN Helen Nov			196		Sine
Yes, no. or unknown)	R IN U. S. ARMED FOR		DCIAL SECURITY NO.		ormant n.Records,V	AH,Bal	to.18, Md.		Howar	d Div
	ATH [Enter only one co								INTERVA	AL BETWEEN
163X		CAUSE	E OTHER THA				inter-		SEV.	HOURS
Gonditions, if a gave rise to i cause (o), stating lying cause last.	mmediate Trum				LEFT UPPER ASTINUM AND			READ	2 YE	ARS
PART II. OT	HER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	PI	VAS AUTOPS ERFORMED?
PART II. OTH	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	1BE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I ar Par	t II of item 18.)			
20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Doy, Ye	While	URY OCCURRED  Not while of work	20e. PLAC focto	E OF INJURY (Hame, far ry, street, affice bldg., et	m, 20f. (City	or tawn)	(Co	aunty)	(Stat
				-	AM 1959 , ta Oc					
ACTUAL SIGNATURE	Marto	200000	and that o		o. VAH, BALTO.	ADDRESS (S	treet, city or town,	state)	date sta	DATE SIGN
PHYSICIAN'S NAME (Type)	ORRIS L. NE	WION,	M.D.		VAH, BALTO	18,MD.	FORT HOWA	ARD DI	VISIO	N 10/
Pa. BURIAL, CREMATIC REMOVAL (Specify)	Oct 9.	1959	Meadow Ri	_			TION (City, town, cimore Co	unty,	Mary]	(State) Land
Donovan Fit	'S SIGNATURE		ADDRESS			T 8 '59		STRAR'S SIG		

Accidents

Services

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VS A15 (4) 15M 10/57

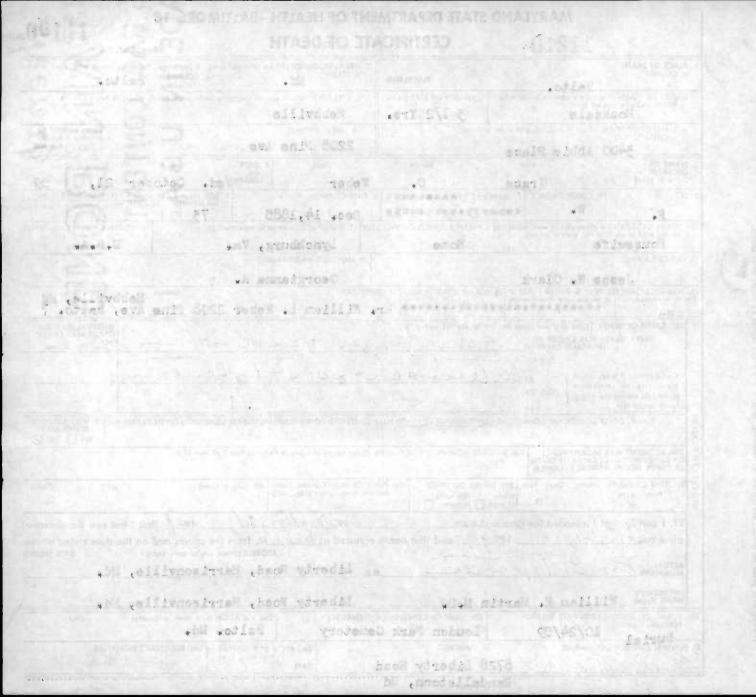
## **CERTIFICATE OF DEATH**

11190

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY	Balto	MARY	II O STATE	CE (Where deceased lived. b.	COUNTY -	nce before admission)
RURAL and give r	(If outside corporate limits,	write c. LENGTH OF STAY  3 1/2 Y		/N (If outside corporate limi	its, write RURAL and	give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv		d. STREET ADDR			e. IS RESIDENCE ON A FARM? YES THURST
3. NAME OF	O Abbie Plac	Middle	Last	4. DATE		
(Type or print)	Gra	ce C.	Weber	OF DEATHWed.		21, 19 59
5. SEX	-	· MARRIED ② N市衛市市中市 中市のVice 第3 中中市市中市		9. AGE last 1	(In years birthday) Months  73 yrs.	Days Hours Min.
10o. USUAL OCCUPATION during most of wor Housew	king life, even if refired)	ne 10b. KIND OF BUSINESS O	R INDUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CI1	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MA			000000
Jer	se W. Clark		Georg	cianna A. 7		
		S? 16. SOCIAL SECURITY NO ice) 軟体体体体体体体体体体体体	. 17. INFORMANT	L. Weber 220	Address Hel	bbville, Md
Conditions, if a gove rise to couse (a), stoting lying couse lost.  PART II. OT	the under-	TIONS CONTRIBUTING TO DEA	CLETOSC	E TERMINAL DISEASE COND	THE STATE OF THE PARTY OF THE P	PERFORMED?
PART II. OT	AS UNDERLYING 22	Db. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of inj	ury in Part I or Port II of ite	em 18.)	YES NO D
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED While Not while at work at work	20e. PLACE OF INJURY (Hom foctory, street, office bld	e, form, 20f. (City or town g., etc.)	) (0	County) (State)
ACTUAL SIGNATURE	ngt I attended the description of the description o	, 1959, and that		M, from the c ADDRESS (Street, city Road, Harri	couses and an the yor town, state)	
220. BURIAL, CREMATIC REMOVAL (Specify	22b. DATE THEREOF 10/24/59	22c. NAME OF CEME	rk Cemetery		ity, town, or county)	(State)
23. FUNERAL DIRECTOR	S SIGNATURE	8728 Liberty	THE PARTY OF THE P	OCT 2 9 150	246. REGISTRAR'S SIC	4 4 .

Randallstown, Md



may be retain TO FUNERAL DI

VS A15 (4) 15M 10/57

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/-	1, PLAC o. Co

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11211

**CERTIFICATE OF DEATH** 

11191 Rea. Dist. No.

1. PLACE OF DEATH a. COUNTY	altimore		MARYLA		USUAL RESIDE	ia ry	here deceose Land	d lived. If institut b. COUNTY	ion: Residence Princ	e Geor	ssian)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO	WN (If	outside corpo	orate limits, write I	RURAL and gi	ve nearest lov	vn)
Catonsvi			13yr26dys		Hyatts	vil:	le, Ma	ryland		16	15.2
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street			d. STREET ADD	RESS				e. IS RE	SIDENCE A FARM?
	ROVE STAT	E HO	SPITAL		6705 Qu	leen:	s Chap	el Road			NO
3. NAME OF DECEASED (Type or print)	Fir Ma;		Middle		lost West		4. DATE OF DEATH	Octo		Doy 23	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	□ B. C	ATE OF BIRTH			9. AGE (In years		YEAR IF UND	
female	white	WIDOWI			Feb. 22	2. 1	885	lost birthdoy)	Months [	oys Haurs	Min.
100. USUAL OCCUPATIO	ON (Give kind of work of	dane 10b.	KIND OF BUSINESS OR	INDUSTRY					12. CITIZ	EN OF WHA	T COUNTRY?
housewi	ing life, even if refired)					ryl			U.	S. A.	
13. FATHER'S NAME				1	4. MOTHER'S M						
Alfred	Coleman				Mary	z Les	พาร				
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. INFO			*****	Ado	fress		
unknown	If yes, give wor or doles of so	ervice)	Jnknown	Reco	rds: S	PRI	NG GE	OVE STA		SPITAL	
	TH (Fater asly ass as	-	ne for (o), (b), and (c).]	1000	Jius; L	1111	ivo di	O VII DIE	TIE IIC		
	TH WAS CAUSED BY:				0 23					ONSET AN	D DEATH
1100	IMMEDIATE CAUSE (o		Congestive !	neart	Iallur	е					
4dd.	DUE TO									0.90	
Conditions, if a			Arterioscler	rotic	cardio	vasc	ular	disease			
couse (o), stoting											
lying couse last.	) (c										
ICATIC		DITIONS C	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO TH	HE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PART	PERF	ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	inter noture of in	njury in 1	Port I or Par	t II of item 1B.)			
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	20d. It While of worl	Not while	e. PLACE foctory	OF INJURY (Ho , street, office b	me, farm ldg., etc	20f. (Cit)	or lown)	(Co	unty)	(Stote)
21. I certify th	at Lattended the	deceas	ed fram Feb.	25	19 59	ta	Oct.	23 , 19 5	Sthat I le	et cou the	deconsed
alive on_Oct			9, and that d								
dive on		7	/ did indi d	edili oc	corred diggs			treet, city or town,			ATE SIGNED
ACTUAL SIGNATURE	freme X	are	ruskar	M.D	SPRING		ROVE		HOSPITA	~	-23-59
PHYSICIAN'S NAME (Type)	Bruno Ra	daus	kas, M. D.		Catons	vil	le 28	Mary lar	nd		***
220. BURIAL, CREMATIO	10/26/59		Cedar Hil	RY OR CE	metery		Suit	TION (City. Jown, Land Mar	yland	(Sto	ite)
23. FUNERAL DIRECTOR			ADDRESS		24	to. REC'	D BY REGIST	RAR 246. REGI	STRAR'S SIGN	NATURE	
F. Gasc	h's ons	Hyat	tsville Md			AT-OC	T 2 6 '5	9 0	Thun 8 f	· ····	

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	,c.,u.	
	THE PERSON NAMED IN	

# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pressary, please execute the ficate, writing the word "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral clark. Page 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained pryaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any press within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11219MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11192

	tem 9 FilmG251	0-30-59 et	Reg. Dist. No.
PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE Maryland b.	If institution: Residence before admission) COUNTY
b. CITY OR TOWN (If outside corporate limits, write Rt.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporale limit	s, write RURAL and give nearest town)
Catonsville	2mth2Ldvs	Baltimore	3 VO1.4
d. NAME OF HOSPITAL OR INSTITUTION (IF n		d. STREET ADDRESS	e. IS RESIDENCE
SPRING GROVE STATE	HOSPITAL	1311 West Pratt Sti	eet YES IN NO IN
3. NAME OF First DECEASED (Type or print) Tilli	an Middle	Losi 4. DATE OF OF DEATH	Month Day Year 19 59
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IN	yeon IF UNDER TYEAR IF UNDER 24 HES.
	VIDOWED DIVORCED	lost, birthe	78rs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slole or foreign country)	12. CITIZEN OF WHAT COUNTRY
housewife  13. FATHER'S NAME		Maryland	U. S. A.
		14. MOTHER'S MAIDEN NAME	
Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCE	to by and decoupant of the	Unknown	
[Yes, no, es enknown] All yes, give wor or dates of tervi	(co) NONL	Records: SPRING GROVE	Address STATE HOSPITAL
18. CAUSE OF DEATH [Enter only one couse			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	GANGRENE	DE 10ET LEG	ONSET AND DEATH
450. / DUE TO			
Conditions, if any, which) (b)	GENPRALIZED	ARTERIOSCLEROS,	15
gave rise to immediate couse		7177	
(a), stoting the underlying DUE TO			
	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
Z /			PERFORMED? YES NO NO
PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	floor on way to	Enter noture of injury in Port I or Port II of item 18 bathroom, sustaining a s	on 8-6-59 pt. fell subcapital fracture
3 20c. TIME OF INJURY Month, Day, Year		ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
10:15 p.m. 8-6 1959		hospital Catons	ille, Maryland
21. I certify that I took charge a	f the remains described ab	ove, held an Autapsy 🔲, Inspectio	Inquiry ond in my
			ndetermined manner
ACTUAL SIGNATURE	Kieffer	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) George M. Ki	effer, M. b.	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	
220 SURIAL CREMATION 22b. DATE THEREOF	19 MORSANGE	R CREMATORY PAPEL CEM WOOLDING	
23 FUNERALOISECTOR'S SIGNATURE	Clar RAHY &		Onthur I thank

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		ALTONOMIC CONTRACTOR	
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requires that the death certificate be executed within 24 hours

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

VS A1S (4) 1SM 10/57

death. Page 4

**CERTIFICATE OF DEATH** 

11193

Rea. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Baltimore	MARYLAND 2. USUAL RE	A Francisco	ived. If institution: Residence	before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)			te limits, write RURAL and give	
T 7 M	MO: 154 Was	shington	1	47x 3
d. NAME OF HOSPITAL (If not in hospital, give street address).  OR INSTITUTION LUCOWOOD Sanatorium	d. STREET	ADDRESS		e. IS RESIDENCE ON A FARM?
Towson L. Maryland	202	5 RST.		YES NO
DECEASED	Middle 1	4. DATE OF DEATH	Month	Doy Year 25 195
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER		RTH 9	AGE (In years IF UNDER 1 lost birthday) Months D	
MALE INHITE WIDOWED & DIN	ORCED SEPT.	5-1874	lost birthday) Months D	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired)	HESS OR INDUSTRY 11. BIRTH	PLACE (State or foreign cou	ntry) 12. CITIZ	EN OF WHATCOUNTRY
13. FATHER'S NAME	14. MOTHER	'S MAIDEN NAME	- Mary 10 111	100
Rufus J. WKi Thay	,	ARGIE 1	HARMO,	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI (Yes. no. or unknown)   (If yes. give wor or doles of service)	TY NO. 17. INFORMANT	Personal His	tory Address	
	Hospit		udowood Sanat	orium
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	md (c).]	Jubercu!	Λ .	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-tying couse last. (b)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE (	CONDITION GIVEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (Enter nature	of injury in Part I or Part II	of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRE Hour o. m. 19 While Not while of work of work	20e. PLACE OF INJURY foctory, street, offi	(Home, farm, 20f. (City o	r tawn) (Co	unty) (State)
21. I certify that I attended the deceased from 2 alive on DCT, 25, and 1959, and ACTUAL SIGNATURE ALLAM B. TO PHYSICIAN'S NAME (Type) Milton B. Kress, M.D.	that death occurred a	ADDRESS (Street	the couses and an the city or town, state) torium - Tows	date stated above
	cemetery or crematory awn Cemetery		N (City, town, or county)	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240. REC'D BY REGISTRA		
William Cook, Inc., 1217 St. Pau	1 Street	DATE COT 9.7		

A CONTROL OF THE PROPERTY OF T	7	TE OF DEATH	CERTIFICA		
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THE RESIDENCE OF THE PROPERTY					
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VS A15 (4) 15M 9/55

PA

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Battimore.							
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest, town)  Liddle River  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  54 Middle River								
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Dry. Hall Nursing Home	d. STREET ADDRESS 3402 Upton Rd.  e. 15 RESIDENCE ON A FARM? YES \( \sigma \text{NO} \)							
	3. NAME OF DECEASED (Type or print) ON RA	Wilhelm 4. DATE Month Day Year OF DEATH 10 18 1959							
1	s. SEX  6. COLOR OR RACE  7. MARRIED 1 NEVER MARRIED 1  white widowed 1 DIVORCED 1	8. DATE OF BIRTH 7883  9. AGE (In years last birthday)  75 yrs.  1 FUNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Haurs Min.							
_	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Maryland USA							
	13. FATHER'S NAME Carl Wilhelm	14. MOTHER'S MAIDEN NAME Emma Worf							
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY. No. 17. (Yes, no. or unknown) (If yes, give wor or doles of service) 215-07-1997	Mrs Elizabeth Wilhelm same							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e heart Pauliure interval Between onset and Death							
	Canditians, if any, which gave rise to immediate case (a), stating the under. lying cause last.	otic cardio vasc. d'inne							
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 120b. DESCRIBE HOW INJURY OCCURRED IN 15 EITHER. NOTIFY MEDICAL EXAMINER	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{NO } \( \subseteq \)							
		ED√(Enter nature of injury in Part I or Part II of item 18.)							
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to 19 While Not while at work at work at work 19	LACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.) (City ar tawn) (Caunty) (State)							
	PHYSICIAN'S LOUIS SEMENOFF	M.D. 2106 Chemis 20 Mg							
	22c. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY C Gardens of	Faith Cem. Baltimore, Md.							
	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Leonard J. Ruck 5305 Harford Rd	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 2 1 '59 Carling S. Krand							

	BUT OF HEALTH-BALTIMORE, 18	MTRAGED BYATZ OF	TALPYSIAJA
	ATE OF DEATH	CERTIFICA	*
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		TO SERVICE THROUGH ST. M.	
			William St. Aug.
		Consideration States	to the state of the same
adus L		1 m	
NAME OF BRIDE SALES			
			Part Street House Street
	US A POST OF THE STATE OF THE STATE OF	and business	
10 (10 m) 2 (10 m) 10 (10 m) 10 (10 m)		No prison ( Pris	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
			- / -
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VS A1S (4) 1SM 9/SB 11215 CERTIFICATE OF DEATH

11195 Reg. Dist. No.

14910				Keg. Dist. No	0.
1. PLACE OF DEATH  o. COUNTY	MARYLAND	o. STATE	there deceased lived. If in b. COL	INTY	
Baltimore		Mary		Baltim	
b. CITY OR TOWN (If autside corporate limits, wring RURAL and give nearest tawn)  Monkton (rural)	c. LENGTH OF STAY IN 16	× Monkton	(rural)	rite RURAL and give n	earest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give str OR INSTITUTION		/d. STREET ADDRESS		ALEXAND	e. IS RESIDENCE ON A FARM?
Carroll Rd.		Carroll			YES NOX
3. NAME OF DECEASED (Type or print) Eleanor B	osley Wilhe	last	4. DATE OF DEATH	Month 10-5-59	Year
5. SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In )		R IF UNDER 24 HRS
female white wide	OWED DIVORCED	9-1-1888	last birth	yrs.	Hours Min.
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)</li> </ol>	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN C	OF WHAT COUNTRY
housewife	home	Marylan	nd	U.S.	A .
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Daniel W. Bosley		Winifre	ed Miles		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT		Address	
no	none W	. Webster W	Wilhemm.	above	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Carcuion	of beach -	recurent m	101	TERVAL BETWEEN ISET AND DEATH  BYLLO.
1/0 X DUE TO					
Conditions, if ony, which gove rise to immediate couse (a), stating the under-			4 (48 - 5)		
lying cause lost. (c)					
PART 11. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION  PART III. OTHER SIGNIFICANT CONDITION	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II af item 1	β.)	
Hour a.m. W	d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City or town)	(Count)	y) (Stote
		1066	San L FT	57 4 111	41 . 1
21. I certify that I attended the dec	easea fram July	, 19 <u>00</u> , 10_	1	that I last so	
alive on 10-4-59 , 1	2, and that deatl	accurred at 19 A			
0 2/ / / 2	1 11 1	-1 0	ADDRESS (Street, city or	10 01 1	DATE SIGNE
SIGNATURE ( ) Lechert /	weller 2	M.D. I Lewford	, Vacation	P.O Mal	10/1/3
PHYSICIAN'S C. HEKBERT	MUELLER JE	HEREF	OKO , PARK	40N P.O.	MO.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, 1		(Stote)
Burial 10-8-59	Bosleys Me	thodist	Sparks,	Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D'D BY REGISTRAR 24b.	REGISTRAR'S SIGNAT	URE
Brooks Funeral Servi	ce, Towson 4,	Md. DATE	OT 0 150	0.11 . 8 %.	4

HIASO TO SPONTING LISTS partitions and large and the same Control (rural) 11fc (which doubled) BH J CTTS Carrell Rd. Elsenor Horley withelm 1 april 6 1888 - 1-1888 - 1 april 6 1888 - 1 housewife home laryland eally beginning velses willen The state of the first of the state of the s A THE RESERVE OF THE PARTY OF T .bM .muyad: datBodts stelland Telling Brooks Funeral errice, Tomcon 4, Mis.

	11	216		CERTIF	CA	E OF DEA	4111			Reg. D	ist. No	to .	
1. PLACE OF DEATH o. COUNTY	Baltimore			MARYLA	ND	usual RESIDENCE o. STATE Marylan		ceased	lived. If instituti b. COUNTY		ence before		sion)
b. CITY OR TOWN ( RURAL ond give no Pikes	If outside corporate limearest town) 711e	its, write		H OF STAY IN	16	e. CITY OR TOWN		corporc	ote limits, write f	URAL ond	i give ne	arest tow	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,			70020	1	d. STREET ADDRE	SS	nue				ONA	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Esthe	rst P B	ixler	Middle Wisne	r	Lost	4. D.	ATE	Mor	ber 1	0.	,	Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARI	ED 🔀	DIVORCED [	5	April 16.	1883		P. AGE (In years lost birthdoy) 76 yrs.		R 1 YEAR	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATIOn during most of work Housewit	king life, even it refired	done 10b.	KIND OF B		NDUSTR	Y 11. BIRTHPLACE (	(Stote or fore	ign cou	intry)	12. C	ITIZEN C	F WHAT	COUNTRY
13. FATHER'S NAME						14. MOTHER'S MAIL							
Theodore	Bixler				30.1	Rebe	cca R	ver	50.000				
15. WAS DECEASED EVE			SOCIAL SE	CURITY NO.	17. INFO	DRMANT		103	Add			Dan	
Conditions, if a gove rise to i couse (o), stoting lying cause last.	mmediate the under-	) )	CO	rond rond	ary	Sc/e	TERMINAL D	SEASE	CONDITION GIV	/EN IN PA	2	2 - 3	our ous
200. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	1441	PRET	teusi.	011	Enter noture of injur	150					PERFC	NO 2
20c. TIME OF INJUR Hour a. ji. p. m.	Y Month, Day, Ye	While ot wor	NJURY OCC Not w			OF INJURY (Home, y, street, office bldg		(City o	or town)		(County)		(Stote)
21. I certify the alive an	ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE  ADDRESS (Street, city or town, stote)  DATE SIGNED  1331 Reisterstown Ra  10/12/54  PHYSICIAN'S												
220. BURIAL, EREMATIC REMOVAL (Specify)	N, 226. DATE THERE	OF .		AE OF CEMETE		REMATORY		OCATIO	ON (City, town,	or county)		(Stol	le)
23. FUNERAL DIRECTOR		<b>~</b> ?	ADDI				REC'D BY R			STRAR'S	IGNATU	RE	
John O. Mi	tchell & S	ons.	Inca	1900 E	nt e wr	Place	E OCT 1	5 5	9 0	Thua	9 4		

may be retain by the hospital or attending physicion.

TO FUNERAL DESTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. r death: Page 2 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours TO HOSPITAL OR VS A15 (4) 15M 9/55

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1915 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs	A1 V 5	5 (	4) B		1

1.		1121	S CERTIFICA	ATE OF DEATH		Reg. Dist. No.			
		PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Baltimore					
	1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Ruxton	c. LENGTH OF STAY IN 16	1	utside corporate limits, write RI	JRAL and give nearest town)			
		d. NAME OF HOSPITAL (If not in hospital, give street or this street or the National 1725 Circle Rd.	et address)	d. STREET ADDRESS	cle Rd.	e. IS RESIDENC ON A FARA YES NO			
		NAME OF First DECEASED (Type or print) Edward	Barhyte	Wright	4. DATE Mont	16 19 5			
	5. 9	M W widow	RRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Sept.3,1899		Manths Days Hours M			
-	E	n. USUAL OCCUPATION (Give kind of wark dane) during most of working life, even if retired) EXECUTIVE (Vice Pres.		Ohio		U. S.			
1		Arthur S. Wrig			Barhyte				
_	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 10. or unknown)  Yes WW L		Mrs. Polly E	Addr B. Wright	Same			
		1B. CAUSE OF DEATH [Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.	line for (o), (b), and (c).]  Cerebral meta  Carcinoma of		arcinoma of th	ne lung Nigeryal Between 1 11 118 118 118 118 118 118 118 118 1			
0	ATION								
	CERTIFICATION								
	MEDICAL	Haur a.m. Whil	,	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.	20f. (City ar town)	(County) (S			
1		21. I certify that I attended the deceased from 1948 , 19 , ta_death , 19 , that I last saw the decease alive an 10-15-59 , 19 , and that death accurred at 9:45 M, from the causes and an the date stated above ADDRESS (Street, city ar town, state)  ACTUAL SIGNATURE							
		Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 10-19-59	22c. NAME OF CEMETERY C	or CREMATORY	22d. LOCATION (City, town, o	orest Md			
		FUNERAL DIRECTOR'S SIGNATURE H.W.Jenkins & Sons C	0.4905 York	Rd . 12		STRAR'S SIGNATURE			

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1	• MARYLAND	STATE DEPARTM	ENT OF HEALTH—BA	ALTIMORE, 18	44400			
	11210		ATE OF DEATH		eg. Dist. No			
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If institution: b. COUNTY	Residence before odmission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fort Howard	7 Days						
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Veterans Administration		d. street address 203 Belveder	e Avenue	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) WILLIAM	Middle S.	WRIGHT 4. DAT	0 1 1 7	L5, Day Year 1959			
	S. SEX 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH February 6,1880		UNDER 1 YEAR IF UNDER 24 HRS Sonths Doys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Salesman	KIND OF BUSINESS OR INDU Meat Company	STRY 11. 8IRTHPLACE (Stote or foreign Dorchester Co		12. CITIZEN OF WHAT COUNTRY?  U. S. A.			
	William C. Wright		14. MOTHER'S MAIDEN NAME Emma V. Webster					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yes, no, or unknown)  Yes  (If yes, give wor or dates of service)  SAW		nformant inical Records, VA	Address H,Balto.18,1				
	18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)	ine for (o), (b), ond (c).]			INTERVAL BETWEEN ONSET AND DEATH RECENT			
	COO.O XXXXX ARTERIOSCLEROSIS OF AORTIC AND MITRAL VALVES UNKNOWN							
	gove rise to immediate couse (a), stoting the under:  (b) DILATATION AND RIFERTINGTH OF HEALT, BEET VENTEROWN  UNKNOWN  (c) CEREBRAL ARTERIOSCLEROSIS							
			D. (Enter nature of injury in Port I or	Port II of item 18.)				

MEDICA 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work p. m.

59, to October 21. I certify than Kattended the deceased from October and that death accurred at 8:05PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL

VAH.BALTO.18.MD. FT. HOWARD

PHYSICIAN'S JOHN W. CRAWFORD, M.D.

> 22c. NAME OF CEMETERY OR CREMATORY 18,1959 New Market Cemetery

22d. LOCATION (City, town, or county)

(Stote)

(Stote)

(County)

Burial 23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

ADD 1107 Wilkens Ave. 240. REC'D BY REGISTRAR 59246. REGISTRAR'S SIGNATURE

New Market.

Howard H. Hubbard Funeral Home Baltimore, Md.

DATE

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TO HOSPITAL OF TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs the death. Page 4 Page 4 May be refuil to the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate benefit been signed by the ottending physicion and completely filled in by the funeral director.  The physicion and completely filled in by the fundamental permit. Then please remove carbon papers. Pages I and 2 Would be filled with	t
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1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	b. COU	titution: Residence before admission) INTY Carroll				
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			ite RURAL and give nearest town)				
Fort Howard	Hampste	ad	06x-2					
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	17 Days	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
Veterans Administrati	on Hospital	Route 1		YES NO				
3. NAME OF First DECEASED (Type or print) LESTER	Middle I.	ZEPP	4. DATE OF DEATH Octobe	Month Day Year 20 19 59				
5. SEX 6. COLOR OR RACE 7. MARK WIDOW!		B. DATE OF BIRTH May 31, 1895	9. AGE (In your lost birthd	ears IF UNDER 1 YEAR IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Painter and Prasterer	Construction	Hampstead,	Maryland	U. S. A.				
13. FATHER'S NAME	State of the second	14. MOTHER'S MAIDEN N						
William H. Zepp		Carrie Spr	inkel					
(Yes an as unknown) . His along an address of annies)		NFORMANT		Address				
(Yes, 20 or unknown) (If WW I	Inknown Cl	in.Rec.VAH, Ba	lto.18, Md., F	FORT HOWARD DIVISION				
1B. CAUSE OF DEATH [Enter only one couse per li				INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (o) ABDUMINAL CARCINOMATUSIS, GENERALIZED UNKNOWN								
180 X DUE TO								
Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying</u> cause last.	gave rise to immediate couse (a), stating the <u>under-</u> DUE TO							
(6)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?  Pyelonephritis, bilateral. Status post abdomanal perineal resection  YES NO [							
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
Hour a.m. While		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (State)				
21. I certify that aftended the deceased from October 3 19.59, toOctober 20 159, (MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
ACTUAL John W. Crac	ACTUAL ADDRESS (Street, city or town, stote)  DATE SIGNED  10/20/59							
PHYSICIAN'S JOHN W. CRAWFORD	M.D.	VAH, BALTO.	18, MD.FT.HOW	VARD DIVISION				
220. BURIAL, CREMATION, 22b. DATE THEREOF BEROVAL (Specify) Burial 64 23 - 59	22c. NAME OF CEMETERY C	R CREMATORY Nurch Cemetery	22d. LOCATION (City, to	own, or county) (Stote)				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	D BY REGISTRAR 24b. I	REGISTRAR'S SIGNATURE				
Tipton Funeral Home, Hamps	tead, Maryland	DATE OC	T 2 2 '59	Orthun S. Herses				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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